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MEMBRANOUS CROUP.

BY J. L. BABCOCK, M. D., ALBANY.

Membranous croup is not an every-day disease. In a practice of thirty years I have not seen a score of cases. It is classed among the most fatal of diseases, and by fallacious reasoning recovery from it is often allowed to be ground for doubt as to the correctness of the diagnosis. So much uncertainty and inexactness of expression in speaking or writing on this disease prevails, that I am led to communicate what seems to me an exact statement of its characteristics and something regarding its treatment.

I think it will not be questioned that an inflammatory process taking place in the larynx or trachea of children, with a deposit of fibrin, constitutes true croup. Traumatic injury or specific infection may give rise to fibrinous or fibro-albuminous exudation, but it will be different from the fibrin of croup. There is difference in opinion as to how this deposit takes place. Some hold that it comes direct from the blood, a transudation or filtering through of the plasma; others, that it is the product of local inflammatory action in the tissues. The deposit varies in extent and thickness. It forms a membrane, which, when fully developed, is of a pearly white appearance; in its earlier stages, it is thin and gauze-like, resembling a spider's web, but only to be seen by careful inspection on account of the vascularity of the tissues. The membrane is continuous, and an exudation occurring only in patches on the tonsils and fauces is not characteristic of true croup. On laryngoscopic examination, where it has been possible to make it, there has been found uniform and marked redness, with membranous deposit covering the epiglottidean ligaments and vocal cords, narrowing the glottis. Autop-

sies have not, however, conclusively proven that death was caused alone by occlusion from false membrane, but partly from spasm of the glottis and exhaustion. The diseased action tends to spread both upwards and downwards. If there is no deposit on the fauces, there will be at least increased redness. In case of recovery, the membrane is removed either by absorption or by the exudation of serum underneath it, and by suppuration. Probably all of these enter into the process, but ordinarily, unless the deposit is very slight, it is cast off in shreds or swallowed. Partial cylinders of false membrane, bearing the imprint of the cartilaginous rings, are often removed.

Intercurrent affections are liable to set in and complicate the case. Acute bronchitis and pneumonia are the most common of these.

The clinical history of this disease all are familiar with. The early symptoms are not grave. The child is less playful, has some febrile action, and is restless at night; along with which it has a husky voice and a peculiar hoarse cough. Let me say that early the child may not cough more than once or twice during the day—possibly not at all. As the disease progresses, the respiration becomes noisy and labored, the voice is reduced to a whisper, and the cough becomes shrill, sharp, brassy or barking, the child grows restless and distressed, with the symptoms of impending suffocation. The complete aphonia is due, I think, not to paralysis, to which some attribute it, but entirely to the covering over of the vocal cords with the false membrane, which can account for all the symptoms and furnishes their interpretation.

True croup is to be differentiated from simple laryngitis, spasmodic croup and diphtheria. Its diagnosis early is sometimes difficult. It is to be recognized rather by what it does not present in positive and violent symptoms. In simple laryngitis the swelling of the mucous membrane impedes respiration, and causes a croupy cough, but these are less marked than in croup. It is not confined to children. There is difficulty in deglutition. It is usually preceded by an ordinary cold. There is more cough, and with it expectoration of mucous—in all which respects there is a difference, at least in character, in membranous croup. All the characteristics of the two diseases placed side by side, we may determine which is present.

The marked feature of spasmodic croup is its sudden and violent onset; in this respect it differs diametrically from membranous croup, with which there is little danger of confounding it.

As to its relation to diphtheria; here there is general disturbance of the whole system; the child is more apparently sick from the first; there is often a drooling of saliva and mucous, which is not the case in croup; there is swelling and tenderness of the tissues about the throat, and of the cervical glands, stiffness and pain in the back of the neck, with tenderness on pressure of the upper cervical vertebræ; the tonsils are enlarged in the line of their

circumference, not jutting across the isthmus; a membrane is deposited in irregular, isolated patches on the tonsils and fauces, of a grayish ashy color, of fibro-albuminous material, situated beneath the epithelial mucous membrane. The disease may extend to every organ of the body, from its starting place in the fauces; it attacks all ages, and one attack does not exempt from another, as is the case with croup; it prevails epidemically, and is a zymotic disease, infectious and communicable; the urine contains albumen; paralysis and affection of vision are secondary to it. In these particulars an opposite condition obtains in croup. In diphtheria attacking the larynx primarily, I grant the diagnosis is not easy. The symptoms will be similar. But if there is marked and sudden febrile action, tenderness of the throat and neck with swelling of the glands and about the larynx, the tonsils following the course of the mastoid muscles, we may assume that the case is one of diphtheria. It is these cases that have favored, I apprehend, the view, held by some, of the unity of diphtheria and croup. But when all the circumstances are weighed by the scale already given I am sure the unity of these two diseases can neither be determined nor favored upon the thorough analysis of symptoms.

It may be possible for some cases of true croup to recover without treatment and undoubtedly some are unmistakably fatal from the onset; and there are some which, by judicious management, and by it alone, will recover. Before recovery can take place, the false membrane must be removed, either by absorption, serous infiltration, or the suppurative process. In the way of general treatment, mercury and iodine, alone or in combination, are most prominent agents. Mercurials effect changes in the blood in inflammations, and also favor the removal of inflammatory products. Iodine facilitates absorption. The combination of the two seems indicated, and I have for several years used them together, having three grains each of calomel and iodide of potassium rubbed together with sugar of milk, divided into 24 powders, and giving one every hour or two to a child two years of age. It should be freshly prepared. Its satisfactory action has been testified to by Dr. C. D. Mosher, in an address before this society in 1870. Calomel has long held a deserved place in the treatment of croup. For assisting in the removal of detached pieces of membrane or viscid mucous in the later stage of the disease, turpeth mineral is of undoubted value as an emetic. Alum, or alum and ipecac, also have their place. The utility of emetics is limited, however, mostly to the expulsion of loosened membrane.

Of local treatment the vapor or spray of lime water thrown directly into the mouth, from its solvent properties, seems to exert the most benefit. Muriate of ammonia, carbonate of lithia and lactic acid have a good reputation in the same way. They are best applied by means of the steam atomizer. The temperature of the room should be about 80° F., with a constant supply

of fresh air. And finally, good alimentation must be secured from the beginning to the end of the disease.

Case I.—Joseph B., aged 4, subject to repeated attacks of spasmodic croup. In March, 1857, having been out in ice and snow water, he was taken with a croupy cough. I saw him twelve hours after, emetics having been given without effect. There was slight fever, and the cough which I heard was harsh and brassy. Covering both tonsils and extending as far down as could be seen, was a continuous, delicate, white membrane. Small doses of turpeth mineral were given, and later, an expectorant. The cough continued with little change, dyspnœa with suffocative attacks coming on. On the fourth day, he began to expectorate shreds of false membrane as thick as writing paper, during paroxysms of cough, and loosened pieces could be seen, giving rise to a wheezing sound during respiration. I have never seen such quantities of membrane discharged in a case of recovery, which was the subsequent result here.

Case II.—Four years old; had been subject to spasmodic croup. Had a hoarse cough for 24 hours, when evident symptoms of croup presented. The fauces were reddened, respiration labored with barking cough. A full dose of calomel and ipecac was given, and the symptoms becoming more urgent, tarter emetic gr. $\frac{1}{4}$ every twenty minutes, four grains being taken before free vomiting, which lasted some hours, with no relief of the dyspnœa. The throat was frequently examined, but no membrane could be seen. Calomel in 5-gr. doses was prescribed (the dose was found to contain 8 grains) every two hours, and continued three days, the child taking more than 200 grains. At that time the cough began to soften, respiration became easier and small shreds of apparent membrane were from time to time ejected. Recovery followed. The bowels were not affected by the calomel. There was slight tenderness of the gums. The case was seen by Drs. Boyd, McNaughton and others, all regarding it as one of true croup.

Case III.—Aged 2 years; was first seen on the third day. Died 36 hours after, although large quantities of membrane were ejected.

Case IV.—Aged 7. One death previously in family from croup. For two days no marked symptoms and only slight redness of fauces. Calomel gr. 3 every 3 hours, was given. On the third day there was a violent onset of the ordinary symptoms. Turpeth mineral was given, the calomel suspended and a 2-grain solution of muriate of ammonia given by steam atomizer constantly, part of the time clear water being used. Twelve hours after there was marked improvement and a subsequent recovery, attributed, I think, to the calomel taken and to the atomizer, which I have never failed to use since in croup. There was no membrane seen in this case.

Case V.—Aged 14. After exposure was taken with dyspnœa, aphonia and harsh cough, coming on with increasing severity,

till symptoms became decided and alarming. The throat was intensely red, but no membrane was visible. No atomizer being at hand, he was given continuously the vapor of slacking lime. Emetics gave no relief; calomel was prescribed in appropriate doses. Subsequently an atomizer was put in use with marked relief. He subsequently recovered, aphonia continuing three weeks. That this was a case of true croup seemed evident from the symptoms, the membrane being confined mostly to vocal chords.

Case VI.—Two years old; seen after two days of illness. Membrane visible. Mercury and the atomizer were used. Child died 48 hours later.

Case VII.—Aged 20 months. There was the usual gradual onset of symptoms. Was first seen after 36 hours. Had moderate fever though still playful; respiration somewhat hurried; cough barking, but infrequent; fauces reddened, but no false membrane visible. Calomel and ipecac in small doses while awake was prescribed. During the night she was seen again, marked dyspnœa coming on, and calomel and iod. potas. powders in half the dose already noted were given every hour, and lime water spray. This was kept up for three days, a tent enclosing the child and its attendant. During all this time there was dyspnœa, at times almost reaching asphyxia; stridulous respiration, and the barking cough. Alimentation was faithfully attended to. On the fourth day she began to mend, but the atomizer was kept in use for several days after, the lime-water being diluted one-half. Water alone was used at one time, but the atmosphere became oppressive; lime water seemed to purify it. She recovered in about a fortnight.

Case VIII.—Aged 2 years 8 months. Was first seen on the second day, then having fever, swelling of the tonsils with red and roughened mucous membrane, obstructive, stridulous cough, and noisy respiration. Sibilant rales were heard on both sides of the chest. The same treatment as in the preceding case was adopted. Dyspnœa became very distressing. On the fourth day a white, thin, transparent false membrane, only visible with a strong light, was seen on the posterior part of the tonsils. Slight improvement began after four days, after which it continued. Internal medicine was discontinued after the fifth day, diarrhœa occurring. There were no other ill effects from the large quantity of the mercurial given. Its virtues seem established.

We may be, and doubtless sometimes are, mistaken in our diagnosis as to this disease, but in nearly every one of the cases reported, one or more physicians saw the patient in consultation, and in none was the diagnosis of membranous croup questioned.*

* [It is but fair to state that this paper and report of cases has been much abbreviated, necessarily, for lack of space.—EDS.]

DISCUSSION.

Dr. T. Kirk. Perry gave the details of five cases which presented, to a marked degree, the subjective symptoms of membranous croup. After two or three days of slight malaise, with occasional cough, they developed cough of brassy ringing character, voice hoarse or wanting, respiration hurried with prolonged and forced inspiration, rapid pulse and countenance indicative of imperfect aeration of the blood, one case becoming so near a condition of asphyxia that tracheotomy was thought of. All recovered. In none was false membrane discovered on the fauces. He concluded: Dr. Morell Mackenzie says that the similarity between membranous croup and acute laryngitis is so great that a diagnosis between the two cannot be made at times, even with the mirror. I am convinced that many cases recorded as true croup would come under the head proper of acute laryngitis, either catarrhal, plastic or serous. My cases are similar to some reported in the paper, and I do not think that mine are cases of true croup.

Dr. A. Van Derveer: Dr. Babcock's paper is commendable for its classical arrangement of symptoms, and its clear differentiation between diphtheria and membranous croup.

After a child has had several attacks of false croup, there is a tendency for membranous croup to occur, and to be at its beginning unsuspected on account of the former false croup. When an emetic fails to give relief, we may suspect the presence of a false membrane; the emetic should be followed by opium. Loss of voice is noticeable in true croup. Tracheotomy is proper when the early symptoms of carbonic acid poisoning are seen.

Dr. R. D. Clark understood Dr. Babcock to regard the detection of the membrane to be the essential point in the diagnosis of membranous croup.

About two years ago, during a period of about nine months, I had thirty or forty cases, which presented a false membrane, characteristic of diphtheria, upon the tonsils or uvula; in most of them there was no swelling of the glands of the neck, and the constitutional symptoms were very slight. The epidemic occurred in summer and autumn, and wherever a case occurred most of the children in the family became affected. Six or eight cases proved fatal, but only where the membrane extended into the larynx, and many of these cases had been the mildest at first. I regard these fatal cases as membranous croup.

Most authors of fifteen years ago make the difference between diphtheria and membranous croup one of location only. Richard Mead, in 1769, does not mention either croup or diphtheria, but divides quinsy into watery quinsy, gangrene of tonsils, and strangulation of the fauces. Dr. Bard, writing shortly after this time, says, "gangrenous sore throat is one form of croup." John Mason Good, in writing upon croup, says, "the disease has been admirably described by Bretonneau under the name diphtheria." Good certainly regarded the two diseases as identical. Where shall we place a dividing line?

Dr. J. E. Hall: Shall we wait for cyanosis before performing tracheotomy?

Dr. A. Van Derveer: Dr. J. Lewis Smith says we ought to wait. If we do wait, the patient will seldom rally. Good authorities make distinction between diphtheria and croup, and operators will not operate in diphtheria.

Dr. J. R. Boulware: During the last half century, the modes of treatment of this disease have been so numerous that the most fastidious practitioner could at once decide upon a plan of treatment which "had proven remarkably successful in the hands of the best writers and practitioners." We may cite the antiphlogistic treatment of John Mackentosh, James Hamilton, Jr., and others of their day, "who resorted at once to general and local bleeding by opening a vein, applying leeches in numbers along the course of the windpipe, applying croton oil and antimonial ointment to the shaved head, giving internally emetics and a combination of calomel and tartarized antimony." It is reported that Hamilton "cured forty-six out of fifty cases."

On the contrary, equally eminent practitioners have met with "remarkable success by the supporting plan of treatment, giving only concentrated nourishment and the judicious use of alcoholic stimulants." William P. Dewees' "constant habit in the first stage was to *inflame* the external throat by the application of turpentine, hartshorn and mustard; by this treatment he had often seen this disease subdued in an hour or two." On the other hand, J. Lewis Smith's successful treatment in the first stage "was to *cool* the external throat by the application of crushed ice, surrounded by oiled silk." In the second stage, Austin Flint advocates "enveloping the neck in a poultice, to aid the separation of the false membrane by hastening the suppurative process." Lewis A. Sayre advocates "the inhalation of steam from boiling water, and the sick room kept at a temperature of 90° F." H. Ernest Schmid "obtained prompt relief in his cases by the inhalation of vapor produced by slacking quick-lime." R. R. Livingston "caused the speedy separation of the false membrane by the inhalation of ether." Elliot and others recommend "the inhalation of atmosphere charged with oxygen gas." The celebrated Dr. Green treated many cases successfully by the direct application of a strong solution of nitrate of silver to the false membrane by means of a sponge probang. Other respectable practitioners "effect a cure in a majority of cases in a few hours by the internal use of aconite, hepar sulphuris and spongia." Where is the surgeon, worthy of the name, who has not, by the operation of tracheotomy, "frequently snatched his patients from the impending jaws of death?"

Now, Mr. President, I think these diverse methods of treatment prove that there is no scarcity of remedies nor want of confidence on the part of the profession in their ability to use them successfully in the management of *true croup*—"a disease which," Austin Flint says, "has proved fatal in the vast majority of cases."

AN UNUSUAL CASE OF RANULA.

BY O. H. E. CLARKE, M. D., COHOES.

A case of congenital ranula has been reported by Dr. J. A. Temple, of Toronto, but the occurrence, as far as I am aware, is extremely rare. The following case is remarkable from this feature and also for its extraordinary size.

In May, 1875, Bridget B., aged 19, consulted me with respect to a large ranula, which had existed all her life, it having been noticed at the time of her birth. The growth had slowly increased for many years. but it had done so with comparative rapidity since she had suffered from what she called a fever—a few months previous to her consulting me. The gradual distension of the ranula had caused a certain amount of hypertrophy of the lower jaw itself, below which the growth formed a large swelling that hung down towards the neck, while above it crowded up the tongue and protruded over the teeth, causing her to keep her mouth open, when not making a decided effort to close it.

When she called on me the ranula had attained such dimensions and embarrassed deglutition to such a degree that nothing but fluid food could be taken, and she had become much emaciated, weak and melancholy. She also had a cough. I told her that an operation would be necessary, that would lay open the whole front of the sac, so as to obtain adhesive inflammation and its obliteration. She hesitated, and consulted a surgeon in Albany, who suggested tapping with an aspirator, followed by the application of compresses and adhesive plaster.

On the 9th of June, 1875, I aspirated, withdrawing from the ranula the large amount of six ounces and four drachms of fluid. Compression was then used, as suggested, but the accumulation rapidly returned, and the tumor became much larger than ever, interfering so materially with the ingestion of even liquid food, as to become a source of proximate danger. On July 5th, I used the aspirator again. The fluid was darker than on the previous occasion, and had a slightly offensive odor. Two days after this second operation signs of high constitutional fever, intense pain at the seat of the disease, headache and rigors, showed that decomposition of the fluid contained in the sac had occurred. Quinine in large doses was administered, but the swelling became so great and the constitutional derangement so severe, that it was necessary to adopt decisive measures of relief. I therefore operated again on July 9th.

The long duration of the disease, thickening of all the tissues, and their evident vascularity induced me, as a precaution against hemorrhage, to use the ecraseur, instead of the knife, which was done in the following manner: The patient having been etherized, a long, curved trocar (used for puncture of the bladder) was passed through the mass, under the tongue, as far back as

the opening of the mouth would allow. The trocar having been withdrawn from its canula, the chain of the ecraseur was passed through the latter, which was then removed. The chain being now fastened to the instrument, the mass was severed slowly. An intensely fœtid fluid ran out. The walls of the sac were at least one-half inch in thickness.

The constitutional symptoms of the patient at once disappeared. The cavity was mopped out with tincture of iodine, at first concentrated, and afterwards diluted. Later, lint saturated with a solution of carbolic acid and sulphate of zinc was applied. In spite of all my efforts, the front of the wound would contract and heal faster than the surface of the sac could be got to adhere. At last, an aperture, capable of admitting a No. 8 catheter alone remained patent, and the unpleasant symptoms of retained secretions showed themselves anew.

In this dilemma, I had a little silver tube made, that would just fit into this opening, and which had inside it a wire spring, which, being pushed backwards, beyond the tube, sprang open, and thus, when the tube was in situ, retained it within the aperture, and established a free exit for the fluid secreted. She wore this tube for several months, during which stimulating and astringent lotions were injected into the cavity, every day. This treatment resulted in the perfect obliteration of the cavity, and cure of the patient. She partook heartily of food, became cheerful, plump and active; all cough and other unpleasant symptoms vanished, and she soon afterwards went to work in one of the knitting mills of the city. Her personal appearance also improved wonderfully and progressively after the operation, and, were it not for her somewhat wide lower jaw, her looks would not convey even a hint of the extent to which she had been previously disfigured. Finally, she has married, and is in every way vigorous and healthy.

HOUSE WARMING.

[Extract from a lecture at the Albany Medical College.]

BY MAURICE PERKINS, M. D., SCHENECTADY.

Professor of Chemical Philosophy and Organic Chemistry.

I have thought that it might be of interest to the class if we consider somewhat the various methods now in use for warming our houses. I will state the advantages and disadvantages of each method as they have occurred to me:

1st.—Local heating by stoves. The *advantages* are the separate service of single rooms, the fires in some being bright and in others low; different kinds of stoves and different fuels. *Disadvantages.*—Expense of so much service, more fuel used and

danger of fire; dust and dirt in rooms; irregular heating; unpleasant radiation of heat from unprotected stoves; draught through doors and windows; difficulty in obtaining thorough draught to all the stoves.

2d.—Central stove heating (air heating, hot air furnaces). *Advantages.*—Thorough renewal of air in rooms; cheapness of service; easy shutting and turning off of heat from separate rooms: no radiant heat of high tension; equal warmth in different rooms; easy carrying of fire during the night, and great reserve of heat in walls of the furnace; easy circulation and ventilation. *Disadvantages.*—When ventilation is rapid, great use of fuel; fire requires peculiar care, and cannot be regulated for long periods; the direction of the wind acts upon the carrying of the heat; air very dry; gas likely to pass through fissures or cracks in the iron work; also diffusion of same through iron if red hot; heat cannot be carried in a horizontal direction more than 10–12 meters.

3d.—Circulation of water heated to 100°–130°. *Advantages.*—Pleasant heat, that of very low tension; easy service; isolation of rooms. *Disadvantages.*—Cannot be regulated automatically; cannot be carried out on a large horizontal scale; freezing of water in pipes when accidents occur to central sources of heat; deposit of dust upon the tubes affect their radiating power; great cost of the apparatus from great extent of radiating surface necessary.

Same heated to 150°–200°. *Advantages.*—Moderate expense; cheap service; high temperature; little room required. *Disadvantages.*—Care required in preventing loss by radiation; difficulty in regulating, and trouble in cutting off, separate rooms; unpleasant smell from heated dust upon pipes; freezing of pipes; explosion when circulation is interfered with; impossibility of great horizontal expansion of system; high pressure upon pipes.

5th.—Steam. *Advantages.*—Boundless horizontal expansion; quick working; low pressure; easy connection with strong ventilation; small amount of radiating surface required, on account of the great quantity of heat becoming sensible upon condensation of steam; easy isolation of rooms; cheap service; thorough automatic regulation; dryness of the atmosphere of rooms consequent upon their being heated can be modified by allowing steam to pass into them; can be used for cooking, washing, heating of bath water, etc. By Holly system all service may be removed from private houses to central points, thus making great saving in expense. *Disadvantages.*—Here we have only the first expense, which is large, but not much more than that of hot air furnaces, when all expenses of fitting up are counted in.

CLINIC.

Reduction of old Dislocation of Humerus.—A case of dislocation of the humerus of long duration was recently reduced at the Albany Hospital. The patient, a man 70 years of age, living in the country, fell, striking on the elbow, while the arm was extended. Dislocation was recognized, and attempts made, which were supposed to be efficient, to reduce it, by local physicians. He was afterwards treated for rheumatism, neuralgia and paralysis of the arm.

January 6th, 1881, he was seen by Dr. Coffin, of New Concord, who recognized the true condition and brought him to the hospital next day. He was a large, vigorous man, quite muscular for his age. Examination showed a forward dislocation, under the coracoid process. The deltoid was atrophied, but the other muscles of the arm were well developed. The part was kept under warm fomentations for two or three days, and on the 10th instant, attempts at reduction, before the medical class, were made, by Dr. Van Derveer, aided by Drs. Ward, Mosher, and Hailes. He was brought well under the influence of ether; then a clove hitch being attached to the arm, steady traction was made downwards, whilst the arm was rotated freely, to break up adhesions, counter-traction being made by a long towel under the axilla in addition to the heel. The arm was then carried well across the body, but without result. Traction was then made outward, at right angles to the body, rotation being repeated, and after this manipulation for some time, it was again brought across the chest. A third attempt at traction, again downward, the head of the bone being strongly manipulated at the shoulder as well, resulted in carrying it into the glenoid cavity. The dislocation had existed 143 days.

Unusual Case of Typhoid Fever (St. Peter's Hospital: service of Dr. Curtis).—A case of Typhoid fever at St. Peter's Hospital possesses some interest. The subject was a female domestic, 19 years of age, of good constitution and previous condition. She was brought to the hospital at the end of the first week of the disease. Petechiæ were well marked; there was gurgling in the right iliac fossa, and she was having from four to six semi-fluid stools daily. The elevation of temperature did not rise above 102° or 103° in the evening; the tongue became only slightly dry in the centre; apathy was marked. Tonic doses of quinine and phosphoric acid constituted her medication. Sponge baths were used at the last of the second week. The fever trace was characteristic. Morning temperature fell to normal at the end of

the third week, but there was not complete deffervescence. On the 21st day she had a slight chill, followed by a rise of temperature to 105° with pulse of 170. Eighteen grains of quinine was given in the evening, bringing the temperature down to 99° in the morning. Two days later there was another chill; the same day, swelling of the left leg was found, not, however, accompanied by pain at first, nor was it ever complained of as severe, though the swelling continued, due, without doubt, to venous thrombosis.

For a week following the first chill, the temperature did not rise above 100°, when another chill occurred (Sept. 2) and there was another rise, to 105°. Eighteen grains of quinine were given as before, at 10 p. m., reducing the temperature to 99°, but it rose again the evening of the 4th to 104°. Quinine repeated; evening temperature of 5th 101°, rising to 103° the following evening, when a 15-gr. dose was given without effect, the evening temperature on the 7th being 106°; 22-gr. dose given. Evening temperature of 8th 102.5°. Next day, at 10 a. m., another chill came on, followed by temperature 106.3°, at 1 p. m. By evening it fell to 102°, and next morning to 99°. Patient's tongue was very dry, with brown coating, and she was profoundly weak and apathetic. Whiskey, an ounce every 4 hours, alone, was given. She was now put on 5-gr. doses of quinine, three times a day, and there was no elevation above 100°, until the 18th, when a slight chill occurred, and temperature of 104°, and for four days the evening temperature varied from 100° to 102°. Then on the 23d, a protracted chill, lasting 20 minutes, came on, in the evening, with a very quick pulse, and another next evening, temperature not rising, however, above 103°. There were premonitory symptoms of these chills, which coming on next evening, 18 grains quinine prevented their development, and there were no chills afterward. By the 30th, there was complete defervescence, pulse falling to 68. Patient subsequently went on to convalescence without incident. The chills occurring with little regularity, are not easily accountable for. The thrombosis presented nothing to cause them, nor were there symptoms of other unusual organic lesion. There was not marked enlargement of the liver or spleen. There were some features of double relapse of typhoid, and such it most probably was. Relapsing fever, proper, it could not have been, certainly. Malarial fever is suggested, but the case was clearly typhoid from the first, and there was not sufficiently regular recurrence of chills.

Case of Chorea, Resulting Fatally (reported by Dr. Curley, house physician).—Maggie M., 16 years of age, native of England, was admitted to St. Peter's Hospital, May 18th, 1880. A year before, she had acute articular rheumatism.

She menstruated once some months before admission. There was a loud systolic murmur at the base of the heart. She was much emaciated and anæmic. Chorea had existed, with increasing violence, for several weeks. Spasmodic contractions at the time of admission were so severe that she could neither stand nor sit in a chair. They were universal, affecting the right side most markedly. The facial muscles were constantly contorted, and both upper and lower extremities were affected, being frequently drawn up violently, while lying in bed. She was placed upon the citrate of iron and quinine and Fowler's solution in increasing doses up to 8 minims three times a day. Great difficulty was found in getting her to retain either medicine or food. No result following, she was given oxide of zinc, but only the smallest doses could be retained. The same was true of chloral and remedies to produce sleep, of which she got very little. Ether spray to the spine was tried and proved valueless. She died of inanition and exhaustion, June 10. No post-mortem was obtained.

EDITORIAL NOTES.

—The Report of the Albany Hospital for the two years ending January 31st, 1880, has recently been published. It forms a neat pamphlet of 110 pages, full of interesting information to the many patrons and friends of the institution, which has, for a period of thirty-one years, done so noble a work. Long lists of donors show the generous interest the hospital has awakened. An included account of the Hospital Bazar, managed entirely by the ladies of Albany, gives another proof of the high esteem in which this charity is held. By its most successful management, at the close the Hospital received the magnificent sum of $11,796.56. A number of private rooms have been fitted up by the various churches of the city, so as to furnish patients most comfortable accommodations.

These good works, together with the cancelling of a floating debt of $12,000, through the efforts of the medical staff, enable the treasurer to make in his report a very satisfactory showing.

The report of the medical and surgical staff states the sanitary condition of the Hospital to be as nearly perfect as possible. A great number and variety of diseases, medical and surgical, have been treated during the two years mentioned, with gratifying results.

A few totals may be quoted: Surgical cases treated—males, 330, females 181, total 511; list of operations performed amounts to 326, many of which were of a difficult and serious nature. Number of medical cases treated—males 215, females 111, total 326. Total of eye cases treated, 760; of ear cases, 228. The dispensary reports the treatment of 3,399 cases.

It may thus be seen that the work of the Hospital has been exalted in character, and arduous in its accomplishment as well. It has been sustained and patronized by friends of charity everywhere.

With its business affairs managed by a competent board of governors, comprising many of Albany's most substantial citizens, its medical and surgical staff, including many eminent names in the profession, there is no reason why the good so steadily being done should not increase to the benefit of the sick and suffering.

Our best wishes in its behalf.

—The State Medical Society meets here on the 1st of February. It is a great fortune for Albany to have this annual gathering of representative medical men. We ought to appreciate it. This meeting will be the 75th—three-quarters of a century from the organization in 1806. There is, probably, no state society just like it in its make-up, principally in its composition of delegates from subordinate societies. This brings in a constant stream of new men—men from all parts of the state, and men to whom it is fresh and not a trifle *passe*. But there is a strong body of permanent members, many of whom are full of interest in the society. They really are the back-bone of the society. Albany has the honor of furnishing the president this year, Dr. W. H. Bailey; some of the best men of Albany have held the position in years past.

The question has often been raised as to occasionally holding the meetings in other parts of the state. Stability favors one place of meeting. But much might be said of the claims of other places to have it part of the time. Its ease of access, the meeting of legislature here, its being a central point generally for state affairs and the society's long association with Albany, are strong grounds for its remaining the home of the society. It may be a question, though, whether it isn't fair that its good things should be distributed. The place of meeting of the society at its annual session is fixed in the constitution at

Albany. Any change in it would require amendment. Other meetings may be held at such time and place as the society may determine on by a majority vote.

It gives us a fresh impulse to see all these men, year after year, and hear what they have to say. We look forward to the coming meeting with great anticipation.

—The State Society will meet, it is understood, at Agricultural Hall, where it met last year. The session opens at 11 a. m , on Tuesday, the 1st prox.

—To members of the Albany County Society, especially, we recall again the fact that Vol. III. of the "Society's Transactions" are being printed as a part of the Annals. Last year we printed 136 pages of the old transactions—1870 to 1880—carrying them well into 1874. If any of the members of the Society have not already subscribed, they would do well to do so at once for last year's issue, to secure the part thus far printed. It will be possible for only a very limited number to get a complete set of the journal for last year, some numbers being nearly exhausted. We should be glad to get copies of the first three numbers, especially of Nos. 1 and 3. It is entirely improbable that any other attempt will ever be made to print this. It will include a decade of the Society history, the most interesting of any to present members. Completed, together with biographical sketches, chronological list, and such other matter as may be added, it will probably make a volume of 500 pages. We intend to make very complete reports of all the papers that have been presented during the time appropriated to the volume.

THE MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

SESSIONS OF 1880-81.

Abstract of the Minutes of the Stated Meeting of November 10th, 1880.

First intervening regular meeting of the Medical Society was held in the Albany Medical College, on Wednesday evening, November 10th, 1880.

The President, A. Shiland, M. D., on assuming the chair, thanked the Society for the honor of his election, and advised

for the motto of the Society, harmony and united labor for the highest attainments of the profession.

Dr. J. L. Babcock read an article on "Membranous or true croup" (printed on pages 1–5), which was discussed by Drs. Perry, Van Derveer, R. D. Clark, Hall and Boulware.

Dr. H. V. Hull introduced to the Society, Drs. Hammer and Turnure, of Schenectady, and proposed them for non-resident membership.

Adjourned.

LORENZO HALE,
Secretary.

OBITUARY.

Dr. John Thomas Keay, who died January 4th, 1881, of typhoid fever, was one of the two members admitted at the last annual meeting of the Society, and was consequently unknown to the majority of the members. He had, however, gained many friends in the profession, who mourn, with the family, his early demise. His professional education was gained in spite of many obstacles. He attended two courses of evening lectures at Washington, D. C., while working during the day at his trade in the government printing office. He finally graduated at the Albany Medical College in 1879. Much of the typographical excellence of this journal, during its past year, was the result of his painstaking and enthusiastic labor. While in Washington, he suffered from malarial fever, and, as a sequela, dyspepsia, but for the last year his health had improved, until, on the 27th of November, the symptoms of the fatal fever became manifest.

COLLEGE AND ALUMNI NOTES.

The matriculants at the College for several years have been as follows: 116 in 1876, 123 in 1877, 153 in 1878, 161 in 1879, 176 in 1880 (present term).

Dr. Jno. T. Keay, '79, died, in this city, January 4th, 1881, of typhoid fever. An obituary notice will be found elsewhere.

The Executive Committee A. A., are preparing for the annual meeting on commencement day. Alumni should bear this meeting in mind, and make their arrangements to attend. Historians of the classes 1851, 1861 and 1871, are requested to complete their reports as soon as possible.

Items of interest to the Alumni and friends of the College are invited from our readers, and should be sent to "Medical Annals," 5 High St., Albany, N. Y.

THE

MEDICAL ANNALS:

A Journal of the Medical Society of the County of Albany.

VOL. II. FEBRUARY 1881. No. 2.

PSORIASIS.

BY E. B. TEFFT, M. D., ALBANY.

Psoriasis is one of the most common of skin diseases. It is met with alike in male and female, rich and poor, the sedentary and the active. It occurs rather more often among vigorous, well-nourished persons, than those of an opposite condition. It never shows itself before the age of six or eight, its earliest appearance being usually about the age of puberty. It is often of hereditary origin. It is essentially a local disease—a *skin* disease. Any connection with internal or constitutional affections is at least ill-defined and not well understood. The majority of those afflicted with it enjoy in every other respect, perfect health. Many authorities claim that there is some connection between it and gout or rheumatism; others that it is dependent upon derangement of the digestive functions. It is so often seen in persons who present not the least trace of gout, rheumatism, or dyspepsia, that any connection between psoriasis and either of these diseases, is evidently more a coincidence than the manifestation of cause and effect. In only two cases out of some twenty that I have observed, were there symptoms of any internal disease apparent. In both of these the symptoms were those of indigestion. Yet am I satisfied that no connection existed between the two, and that they were merely coincidental. Local treatment relieved the skin disease without effect upon the digestive troubles, and treatment of the latter afforded relief without effect upon the former. Between syphilis and psoriasis there is no connection.

Psoriasis may therefore be defined as a chronic disease of the skin *only*. It is characterized by rough, dry, scaly, elevated patches, of all sizes, shapes and number. The scales are formed

in abundance, easily cast off or removed, and succeeded by the formation of a fresh crop. They are of white or pearly color, and of varying thickness. Intense itching frequently attends the eruption, but as often it occasions no inconvenience whatever. The patches as a rule first show themselves in the neighborhood of the joints, their first appearance being often just below the knee or elbow on the extensor side of the limb. They are symmetrical: if one appears on the leg or arm, it is likely to be accompanied, or speedily followed by another in a corresponding location on the opposite extremity. At first, the patches are small and round. If left alone they increase in size and number, and if the disease is active, soon coalesce and cover large portions of the surface. Sometimes these portions show a tendency to heal in the centre, leaving an island of normal skin surrounded by an elevated, scaly ridge. When the scales are forcibly removed, the denuded surface will bleed, blood showing itself in numerous minute, pin-like drops. The patches run an indefinite course—sometimes disappear entirely, sometimes remain stationary, and sometimes increase rapidly in size and number. At times, even after large portions of the skin have become involved, the disease slowly disappears, leaving an apparently sound skin, subject, however, sooner or later, to a fresh outbreak. Though psoriasis commonly manifests itself at first upon the extensor surfaces of the extremities, yet no portion of the trunk or extremities is exempt from it, the face, alone, being seldom affected. It is often confined to the scalp, and not infrequently to the palms of the hands and soles of the feet.

Diagnosis of psoriasis is usually easily made. There are some forms of eczema which resemble it. Psoriasis is at all times a perfectly dry affection. Never are the patches of desquamation preceded, attended or followed by moisture, while in eczema moisture in some form and at some period is present. Psoriasis palmata is comparatively a rare disease, and may be mistaken for syphilis. In true psoriasis palmata, the scales are more abundant and thicker, the color of the patches is a deeper red, and the duration of the disease is longer than in syphilis. The effect of treatment will sometimes be necessary to confirm our diagnosis.

Obstinacy to treatment and a disposition to return again and again are two of the most provoking characteristics of this disease. Very many cases are indeed curable, but no case can be depended upon to stay cured. Constitutional treatment alone is of little value, except in very recent and mild cases. Arsenic is the only remedy of the many that have been tried which is at all serviceable. Constipation of the bowels must be remedied, and the employment of cathartics will often be followed by marked amelioration of the local disturbance. Local applications alone will remove the disease, and the internal use of arsenic may aid in its removal, and postpone its reappearance.

From a number of cases, I select the following six as showing

the different plans of treatment which are found more or less successful:

Case I.—Male, aged 19, a recent case; a few psoriatic patches on arms and legs; health otherwise apparently perfect. Local treatment only of ointment of iodide of sulphur, a dram to the ounce. Patches rapidly removed.

Case II.—Psoriasis palmata; male age 23; otherwise in perfect health. Arsenic internally. A local application of iodide of sulphur ointment by night, and a wash of carbolic acid and glycerine by day. In this case a permanent cure seems to have been effected. Treatment continued six months. It is now three years since a cure was effected, and there is no return of the disease.

Case III.—Male aged 74; legs, arms and trunk almost completely covered with scales. Arsenic internally and no local application. After two months, no appreciable effect being produced, arsenic was discontinued. A daily saline bath, with friction to remove scales, was ordered. Also the application to the legs and fore-arms, only, of a small quantity of sapo viridis, the skin, after the bath, being thoroughly dried, and the soap well rubbed in. This treatment had the effect of removing many of the patches, leaving portions of the skin clear. After a few months treatment, patient removed, and was lost sight of.

Case IV.—Female aged 60; a few patches on each arm. Treatment Rochelle salts, daily, internally, bowels being constipated; iodide of lead ointment locally. Disease removed entirely, only to return again and again after short intervals, and again yield to same treatment.

Case V.—Male, aged 25; numerous separate patches on legs, arms and trunk. Treatment, arsenic internally; ointment of tar externally. This proved efficacious after two months use. For nearly a year thereafter patient was free from the disease. At the end of that time again presented himself in about the same condition as before. The same treatment was again tried, but without success. I then directed the patches to be well cleaned, scales removed and a small quantity of Goa powder to be well rubbed in every other day. Two weeks of this treatment produced a cure. It is now ten months since treatment was discontinued, and there is no return of the disease.

Case VI.—This is the most obstinate case I have yet met with, and shows the persistency with which the disease will return. I first saw this patient eight years ago; male aged 22. He informed me that both his mother and grandmother had suffered from the same disease, but to a less extent. The patches first showed themselves some four years before, at about the age of 18. Had been treated with iodide of potassium and some local application, the nature of which I could not learn, without relief. He presented numerous separate patches on extensor surfaces of legs and arm. Prescribed Fowler's solution, 5 drops three times a day, and made use, at various times, of sundry local

applications, consisting of ointments of iodide of sulphur, iodide of lead, pyrogallic acid, and others. Of these, the iodide of sulphur seemed most beneficial, and removed many of the more recent patches. After using this treatment for a year or thereabouts, discontinued arsenic and prescribed ointment of tar. Under its use, a rapid improvement was made, and a cure effected in two or three months. About a year and a half after this, he again presented himself, and stated that two or three months previous he noticed a small patch below each knee, and also below each elbow. Being away from home, he had neglected it, until his legs and arms were covered with many and large patches of scales, those on the thighs being larger than a hand. Arsenic and tar did not this time effect a cure, though faithfully and for a long time made use of. Goa powder was used as in the previous case; the result was a speedy cure. But after another interval of some months, a relapse again occurred. Chrysophanic acid ointment, dram of the acid to the ounce vaseline, was ordered. The disease was very extensive, covering the greater portion of the extensor and part of the flexor surfaces of both extremities, and also much of the trunk. On account of the irritation the use of this remedy excites in the sound skin, but small portions of the diseased surfaces could be subjected to treatment at once. One leg and one fore-arm were first selected. The parts cleaned with soft-soap and hot water, all scales being thoroughly removed, then a little ointment well rubbed in once a day. After some four or five days, the usual inflammation occurred in the sound skin. Upon its subsidence the disease had almost invariably disappeared. Some of the larger and older patches required two or three courses of this treatment to entirely remove them. The disease reappeared at intervals during the last three years, but the prompt application of chrysophanic acid ointment affords an immediate check.

Of all the remedies tried in the above cases, and in a few others not detailed, chrysophanic acid seems the only one proving invariably successful. To get the quickest and most satisfactory results, it is necessary to be very careful to cleanse the patches thoroughly with hot water and soft soap before each application, removing all loose scales, and leaving the surface red and shiny. A very small quantity must then be well rubbed in and all superfluous ointment removed. Chrysophanic acid is, however, very objectionable for two reasons: 1st, on account of the erythematous inflammation it excites in the sound skin. If used over any great extent of surface, this inflammation becomes the source of unbearable irritation to the patient. When it has subsided, the skin is left a dirty brownish-red color, which, however, soon disappears; 2d, chrysophanic acid is a dye, and will permanently discolor all clothing with which it comes in contact. The great advantage in its use is the rapidity of its action. One week's use will often produce an effect that would take weeks and months of other remedies to cause. In all cases the frequent use of hot

baths is a useful adjunct to treatment. In extensive cases their use is a source of immense comfort to the patient.

DISCUSSION.

In connection with this, Dr. A. Ten Eyck, of Blooming Grove, sends the following case, which was reported by title at the meeting of the Society:

Willie R., 11 years of age, was a healthy boy until he was three years old. At that time an eruption made its appearance upon his arms and legs, and has existed most of the time since. He has been seen from then until now, a period of eight years, by several different physicians, who have variously diagnosticated his case. It seemed to present resemblance to syphilis, such as to lead two of these physicians to that diagnosis, and treatment accordingly. I saw him for the first time last October. He was then completely covered from head to foot with a scaly eruption. Having some doubt as to the nature of the disease, I brought him soon after to the Albany Hospital clinic, where it was diagnosed as Psoriasis. He was put upon Fowler's solution and at the present time the eruption has disappeared, only mottled staining of the skin remaining.

SOME UNUSUAL FEATURES IN TYPHOID FEVER

BY A. T. VAN VRANKEN, M. D., WEST TROY.

I present for consideration some gleanings from cases of typhoid fever. In the abstracts taken from these three cases, which have come under my observation, a few of the incidents only are given, which show the vagaries and peculiarities of diseases affecting humanity.

Case I.—Minnie H., aged 17; yielded to the initial symptoms of typhoid August 17th, 1879. After the first two weeks, grave abdominal and head symptoms appeared, frequent and alarming hemorrhages occurring from the bowels and nose. At the end of the third week, the condition improved and temperature became normal, when suddenly the hemorrhages returned, increased in frequency and quantity; blood flowed from the bowels, the nose, the kidneys and the stomach, and there was an ecchymosed and purpuric condition of the entire surface of the body. At last, bleached and bloodless, she was left about the 1st of December completely paralyzed in both lower extremeties, which condition exists now to a slight extent. Throughout this illness the stomach assimilated from one to three quarts of milk daily, the only redeeming feature in this remarkable case.

Case II.—Was called in consultation to see Aggie P., of Troy, N. Y., supposed to be in the last stages of diphtheria. During the first week, the symptoms had been sore throat and a husky voice with a typhoid state and deposit upon the fauces.

Upon examination, now the end of the third week, the patient was found comatose, alternating with delirium, tongue brown, dry, tremulous and fissured, abdomen tympanitic and tender; pulse 125 and weak; temperature 102° at about 3 p. m. A careful search in the throat revealed no swelling of either tonsil nor any special inflammation of the mucous membrane, nor any membranous deposit, but instead, either side of the walls of the pharynx were thickly studded with a chalky-white apthous deposit, in little rounded masses, possessing absolutely none of the characteristic features of diphtheritic membrane. I suggested the probability of the case being strictly *typhoid*, with those peculiar throat features, and the propriety of applying turpentine stupes to the abdomen, its moderate use internally, together with carbonate of ammonia freely and the occasional use of hyposulphite of soda to the throat. The patient ultimately recovered.

Case III.—Frank S., 7 years old. For ten or twelve days had frequent and copious watery evacuations, which still continued when he first came under observation, in November, 1879. By occupation a rag-picker—half-famished when in health, now cadaveric in appearance. During the next ten days hemorrhage from the bowels and nose was profuse. The stomach rejected nourishment and indications were unfavorable for recovery.

About this time—now the end of the third week—in moments of lucid intervals, he complained of severe pain in his upper lip, indicated by a small hemorrhagic spot, which soon became a gangrenous slough; his body also was covered with similar purpuric discolorations.

A 10-gr. solution of carbolic acid and myrrh was applied at intervals with charcoal poultices, which were continued throughout, with as rigid a supporting treatment as his circumstances would allow. The fœtor emanating from the patient now became offensive in the extreme. The slough extended, until a line of demarcation was found on the lip a little to the left of the nasal septum; upward it involved the lower portion of the nasal cartilage, and on either side extended nearly to the angle of the lip, including the bony structure of the maxilla underneath, until eventually becoming detached, it left a frightful chasm* with boundaries as above described. The patient eventually entirely recovered from the fever.

While attempting to secure gratuitous hospital accommodations for the boy (my entire attendance having been of the same character), in order that an operation, similar to that of hare-lip, might be done upon him, he fell into the hands of a practitioner who stated that "the solution used by Van Vranken was too strong, and had eaten the flesh and bone," advising as a remedy, $10,000 from the aforesaid "young doctor." Application of this remedy was obviated by "bearding the lion in his den."

As a resume: In the first case, as the principal feature, complete paralysis of motion in the lower extremities, resulting evi-

*Photograph exhibited.

dently from the weakened condition consequent upon the hemorrhagic state. Iron and electricity were the principal agents in effecting recovery. Of the second case: Did a superficial examination of the throat, without determining the *character* of the exudation, mislead to a diagnosis of diphtheria, instead of typhoid fever?

Concerning case III., there is room for speculation: Why should *such* a slough occur in *such* a locality? The fact that the *bony* structure, as well as soft parts, were involved, which receive their supply of blood from different sources, sets aside the theory of embolism. Again, no mercury was administered. Since salivation could be no factor in its production, it may be said that it was owing to his impoverished condition and septic changes consequent upon the disease.

A syphilitic history in the father is suspected.

CASE OF TYPHOID FEVER.

BY LORENZO HALE, M. D., ALBANY.

On December 25th, 1880, was called to Miss Tillie T., aged 15 years and 8 months. She had first complained on December 18, of symptoms of a severe cold, after exposure by playing in deep snow and sitting in the underground basement of her school. For the week previous to my first visit, I was told that there had been daily evening exacerbations of fever, frequent epistaxis, and various pains.

Epistaxis increased in frequency and amount, until the evening of December 28, when it was exceedingly profuse. From December 28 to 31, there were copious stools of blood. After this, there was no hemorrhage of any kind.

The fluctuations of temperature were very irregular, frequently having two high points in twelve hours, and being sometimes lowest at noon, and sometimes highest at noon; and ranged from 100.2° to 103.8°.

On January 1st, 1881, respiration rose to 40; crepitant rale was heard at base of left lung on the back, which disappeared on January 3. Respiration from this date continued either very rapid, or peculiarly labored, until death, January 8.

There was distension of abdomen; gurgling and pain attended pressure in right inguinal region.

After January 4, for four days preceding death, the patient seemed to lose the power of speech, and though easily roused so as to voluntarily open her eyes or protrude the tongue, would at once relapse into a stupor. There was much moaning, rolling of the head, and depressing the occiput into the pillow; the pupils became fixed and contracted; there was a constant gradual rotation of the body, the head and shoulders being carreid

always to the left, and the feet and hips always sliding to the right.

The patient was seen by Dr. Swinburne and Dr. Keegan.

Autopsy, January 11th, 1881, 68 hours after death; made by Dr. S. B. Ward and Dr. E. Van Slyke.

Body unusually well nourished; skin and all the other tissues unusually bloodless.

No fluid in peritoneal cavity; intestines externally appear healthy, except in a few hyperæmic points. Stomach, colon and rectum distended with gas. Pancreas large.

Mesenteric glands but slightly swollen. Medullary infiltration of Peyer's patches, and of solitary glands, extending from the ileo-cœcal valve for more than six feet within the ileum, and at a few points, evidences of the very beginning of ulceration.

Various patches of hyperæmia of the mucous membrane of the ileum.

Pleuritic adhesions on left side, extending below to the diaphragm, and above posteriorly to the fourth and fifth ribs.

Consolidation of posterior lobe of left lung—secondary pneumonia. Right lung, posteriorly, hypostatic congestion.

Heart substance pale, but firm; white fibrinous clot in right auricle, and also in right ventricle. A small patch of atheromatous degeneration in aorta near the valves (though it will be recollected that the patient was but 15 years old).

Dura mater normal. Arachnoid opalescent at every point, and especially thickened over the base of the brain. Pia mater congested, and this condition was most marked over the left lobe of the cerebellum.

Adhesions at the base of the brain on both sides at the orbital plate of frontal bone, and also at the posterior lobe. Excess of arachnoid fluid, but no fluid in either of the lateral ventricles. Opacity of arachnoid over the cerebellum, especially on the left side. Brain substance unusually hard; puncta vasculosa very distinct.

DISCUSSION.

Dr. Hailes: In Dr. Van Vranken's first case, the paralysis is apparently the result, possibly, of an effusion, either in the meninges or the substance of the cord. This lesion occurring in connection with the marked depletion, rendered the case unusually severe, and the prognosis exceedingly unfavorable.

In the second case, there may possibly have been both diphtheria and typhoid fever.

In the third case, the slough may have been the result of some slight injury, unconsciously inflicted by the patient during his illness. Its course and termination would not suggest the hypothesis of malignant pustule.

Dr. S. O. Vander Poel: I was present at the autopsy of the case reported by Dr. Hale, and would judge from the condition of Peyer's patches that the disease had progressed not much beyond the tenth day.

The three cases reported by Dr. Van Vranken, are each of special interest, and illustrate the protean forms which typhoid fever may assume.

The severe and repeated hemorrhages from different organs showed a diathetic, rather than a local, cause. It is not improbable some hemorrhage of the cord occurred, which, settling in the most dependent portions, induced the subsequent paraplegia.

I should not be inclined to regard the second case as one of diphtheria, and while obscure, from the meagre account of symptoms given, still it seems to me one of typhoid fever.

The third case comes under the same category as the first—*i. e.*, the conditions resulting from hemorrhages. The solution of continuity was the result, not of constitutional causes, but probably from rupture of capillaries in the lip.

It is remarkable that the first and third cases were saved, for it is exceptional that purpuric cases recover.

Dr. S. B. WARD, who had made the autopsy in the case reported by Dr. Hale, said that death, in his opinion, resulted from the hemorrhages, and not from the pathological changes in Peyer's patches nor in the arachnoid.

Dr. WARD referred also to the third case of Dr. Van Vranken's, and said that where the current of blood is checked from the marasmic condition following hemorrhages, thrombosis might naturally occur, resulting in the gangrene described.

Dr. JOHN THOMPSON spoke of a case of typhoid fever which lasted ninety days before convalescence.

A STUDY OF THE DIAGNOSTIC POINTS BETWEEN PSORIASIS AND SYPHILIS.

[From a lecture at the Albany Medical College.]

BY F. C. CURTIS, M. D., ALBANY.

Adjunct Professor of Dermatology.

Psoriasis and syphilis are two such totally different diseases that a study of them in connection is well worth while, if at any of their points they are liable to be confounded. This error in diagnosis is certainly very frequently made, and I have repeatedly seen cases of long standing psoriasis that had been subjected to protracted anti-syphilitic treatment. There is much about the appearance of the eruption that is suggestive of syphilis of the skin, or of the commonly-received impression of it, in its configuration, color and general distribution. Diagnosis is generally easy, but there are cases in which the most intelligent dermatologist may be, for a time, puzzled in distinguishing between one of the forms of cutaneous syphilis and psoriasis. A glance at the appearance and history of the two lesions and a comparison of the one with the other, then, is very well worth while.

I need not go with any detail into the description of psoriasis, several cases of which have been exhibited. It is a chronic disease, coming on usually in early life. It commences as a small red macule, covered from the first with white scales; they increase gradually to the size of a half dollar, and are not likely to grow larger, though several may run together, and in a case you are likely to find all sizes between these extremes. Well developed, it is a round red spot, covered more or less abundantly with a whitish crust of dry scales, often looking like a drop of mortar on the skin. A considerable area will probably be affected; it will be seen on corresponding parts of both sides of the body, locating anywhere, but most frequently on the knees and elbows, scalp and lower part of the trunk. On the scalp it may project a little on the forehead, but the face usually escapes, though I have seen it alone affected. It will be found on remote parts, as the legs and scalp. I have seen it on the pubic region alone, but generally it has a wide distribution. Its appearance is generally typical, and is easily borne in mind.

Disappearing—spontaneously, or from treatment—it will undoubtedly some time return, especially as cold weather comes on. There will perhaps be history of this. The subject is not affected in health by it and is usually free from other skin lesions.

In contrast, let me describe this case, recently appearing at the Albany Hospital Dispensary: The subject is a man of robust appearance, 25 years of age. He comes for an eruption on his legs, which has existed but a month, the middle and lower half of both being affected, and distributed without much regularity around the limb, but mostly in front. The lesion is a flat, slightly elevated papule, oval, and generally about the size of the finger nail, of a dull red color. They are thicker and firmer than the skin on taking them between the thumb and finger. Most of them are covered with dry scales, some abundantly, so as to give the patch a white color, others scantily, but in this case preserving a well-defined circle of scales about the margin, a fact to observe well. Note, also, that these scales, though abundant, are loosely attached to the skin and to each other, not being imbricated, and can be rubbed off with the ball of the finger. Observe another feature, that some of the papules are covered with—instead of scales—a thin, dry, epithelial-like crust, of a darker, dirty color; it is probably exfoliated epithelium. Aside from this, there is no other skin lesion, and none allowed to have ever existed. As to his history, he says he has had gonorrhœa several times, and that within two months he has had a chancre, for which he has received treatment in another department of the dispensary.

Now here is an eruption which, without careful observation, might be easily named psoriasis. It has very strikingly the general appearance of it. The color of the patch and the scales, the configuration and size, the locality—all resemble psoriasis. Some

of the patches, to be sure, are covered with a crust that differs from the scaly covering of psoriasis, but I must say, that some cases of psoriasis depart from the typical appearance described, and one of these departures is toward quite such an appearance as this—a thin, dingy crust covering the patches. I have such a case now under treatment. And, on the other hand, cases of this papulo-squamous syphilide bear even a much closer resemblance to the more benign disease than does this one.

What are the points to be relied upon for a diagnosis between them? There are a number of syphilitic skin lesions, but none liable to enter into this question of diagnosis, except this so-called papulo-squamous variety. I will give cursorily some of the points of diagnosis which I have collected:

Psoriasis is likely to be symmetrical, affecting corresponding parts of both sides of the body. The syphilide is not so much so; that is, while both legs are affected, corresponding localities on them are not so apt to be. Psoriasis is more apt to affect large areas of the skin at once. Psoriasis attacks remote parts of the body at once; this is a point of considerable value as contrasted with the syphilide, which you are not likely to see, for example, on the face and legs at once. Psoriasis inclines to affect the knees and elbows; the syphilide not. Then as to the details of the eruption: both are covered with scales; in psoriasis these are more abundant and nearer white; they are less adherent, and especially—as an important point—around the edge of the syphilitic papule, they are apt to form a distinct ring, a thing not seen in psoriasis. Scraping them off, you do not get the pin-point oozing of blood, as in psoriasis. The patch is less elevated in psoriasis—is hardly at all, when the scales are scraped off, while the syphiloderm is distinctly so, from infiltration, being appreciable to the finger passed over it. In the latter, the form is more uniform, there being in the former, possibly, all varieties in size from a pin-head to the palm of the hand. The color is brighter in psoriasis; in syphilis a dull red, like cut ham. There are, generally, no subjective symptoms with syphilis; itching may exist with psoriasis, though not commonly, within my observation. The history will differ; psoriasis will likely appear early in life, and the eruption may have existed for years before, which would exclude syphilis at once. Syphilis seldom retains the same form long. There may be found existing, or former concomitant symptoms of syphilis of different character, but remember that psoriasis does not protect one from contracting syphilis. Syphilis does not repeat itself in the same form, and one variety removed, will not return again; psoriasis recurs. In regard to the palms and soles, concerning which there is often question, it may be said that both diseases may affect these localities, but with syphilis the disease is likely to be limited there, while psoriasis is apt to be found as well on other parts of the body.

As a last resort, treatment may settle the diagnosis; both are,

however, stubborn in resisting it, and caution should be used in coming to conclusions based on it.

In the case before us, the lesion has several points guarding against error. There are three different varieties of covering on the patches. Some are covered abundantly with white scales; these spots are quite like psoriasis, but note that the scales are not so intimately blended as is usual there, so that gentle friction brushes them off. They are, however, firmly attached to the surface of the skin itself. Then there are some patches that are very scantily covered, and in these may be noted the ring of scales about the margin. Then some are covered with a sort of thin, dingy single scale or scab, perfectly dry and papery. You will not likely see this in psoriasis.

The history makes the case satisfactorily clear. He never has had any eruption before this, which has recently come on, and there is undoubted history of recent hard chancre, the scar of which exists. The lesion is one that may occur early or late in syphilis, though not commonly the first to appear. It will probably yield in the course of a few weeks to mercurial treatment.

EDITORIAL.

—During the session of the State Society, a daily edition of The Medical Annals was published, containing the proceedings and considerable other matter of interest to the members. From the large number of copies distributed, and the many kind words concerning it which have come to our ears, our effort to add to the interest of the meeting was successful. The Editors are under obligation to Drs. Geoghan and Morrow, of this city, for their assistance, and to many of the authors of papers read for valuable aid.

NEW YORK STATE MEDICAL SOCIETY.

In accordance with the promise made in the last number of the daily edition of The Annals, we publish a synopsis of the proceedings of the State Society of February 3d.

The Society was called to order at 10 a. m., by President Bailey.

The following papers were read by title: "A Biographical Sketch of Dr. Edward R. Hun, of Albany, deceased," by Samuel B. Ward, M. D. "A Biographical Sketch of Dr. Charles A. Robertson, of Albany, deceased," by Dr. J. S. Mosher. "A Case of Cystic Degeneration of the Chorion," by Dr. James Chapman, of Medina.

Clark Bell, Esq., of New York, presented a paper on "Reform in Regard to the Office of Coroner," which gave rise to an extended debate. The author favored the adoption in this state of a law similar to that in force in Massachusetts.

On motion of Dr. Squibb, the paper was referred to the publication committee with a recommendation that it be published; also, to the committee on legislation, with instructions to confer with the representatives of the Medico-Legal Society, and report at this session.

The following resolution, offered by the secretary, was adopted:

Resolved, That the Medical Society of the State of New York advises the various county medical societies that form its constituency to endeavor to secure the co-operation of the other incorporated county and district medical societies throughout the state in the enforcement of the "Act to regulate the licensing of physicians and surgeons," passed May 29th, 1880.

The President announced the following special committee on Ethical Revision, ordered by the Society, on the suggestion of the President in his inaugural address: Drs. Wm. C. Wey, C. R. Agnew, W. S. Ely, H. G. Piffard and S. O. Vander Poel.

Dr. C. S. Stiles, of Oswego, exhibited a dressing for retaining dislocations of the clavicle at its distal end.

Dr. Geo. H. Fox read a paper on "The Benignity of Syphilis." The view was taken that the disease, from its observed inclination to recover sometimes without treatment, and, at any rate, its general amenability to treatment, is not to be placed among the malignant diseases.

Dr. L. D. Bulkley thought it would be unfortunate to allow the disease to be characterized as benign, being evil in its results in so many ways.

Dr. H. G. Piffard believed the reason for the bad forms of the disease of early times was the method of treatment, especially the over-medication.

Dr. E. R. Squibb referred to the bearing of definition of the term "benign" on the question.

Dr. F. C. Curtis said that, pathologically, syphilis would be classed under the malignant diseases, those depending on a new formation, tending to death of the part, and eventually by continuance, of the subject. Clinically, too, the experience of all is that while, early, the disease yields, late cases sometimes fail to.

Drs. Ward, Van Derveer, Ferguson and Pooley also discussed the subject.

On recommendation of the Committee on By-Laws, $100 was added to the salary of the secretary and $50 to that of the treasurer.

The Committee on Legislation recommended the adoption of the following:

Resolved, That in the opinion of this Society it is desirable for the Legislature to thoroughly amend and revise the laws of this state in regard to the office and duties of coroners, and would recommend for their consideration the recent statute adopted by the state of Massachusetts.

Also, the following :

Resolved, That the thanks of this Society are due to the Medico-Legal Society, and to Clark Bell, for the action they have taken in reference to the matter of coroners' law.

The resolutions were unanimously adopted.

The Committee on Legislation presented a report recommending that the act of 1841, in reference to the censors of the Albany Medical College be published in full in the transactions for 1881. Adopted.

Dr. L. Balch, of Albany, read a review of the second trial of Jesse Billings, Jr., for the murder of his wife. The paper was referred to the publication committee.

The Nominating Committee then reported as follows :

President—Dr. Abraham Jacobi, New York.
Vice-President—Dr. William Govan, Stony Point.
Secretary—Dr. William Manlius Smith, Manlius.
Treasurer—Dr. Charles H. Porter, Albany.
Committee on Arrangements—Drs. S. B. Ward, F. C. Curtis, J. S. Mosher, Albany.
Committee on By-Laws—Drs. Wm. C. Wey, Elmira; Alexander Hutchins, Brooklyn; C. E. Witbeck, Cohoes.
Committee on Hygiene—Drs. E. V. Stoddard, Rochester; Stephen Smith, New York; J. S. Mosher, Albany; J. Foster Jenkins, Yonkers; Caleb Green, Homer; E. Hutchinson, Utica; Harvey Jewett, Canandaigua.
Committee on Legislation—Drs. Albert Van Derveer, Albany; Alexander Hutchins, Brooklyn; H. G. Piffard, New York.
Committee on Medical Ethics—Drs. C. R. Agnew, New York; S. O. Vander Poel, Albany; E. M. Moore, Rochester.
Committee on Prize Essays—Drs. T. F. Rochester, J. P. White, Buffalo; W. S. Ely, Rochester.
Committee on Publication—Drs. William Manlius Smith, Manlius; H. D. Didama, Syracuse; C. H. Porter, Albany; J. Foster Jenkins, Yonkers.
Censor of College of Medicine, Syracuse University—Dr. W. S. Ely, Rochester.
For Permanent Members—First district, Drs. John C. Peters, F. A. Castle, T. R. Pooley, J. C. Dalton, New York; W. H. Dudley, Kings; 2d district, N. H. Freeland, Westchester; Smith Ely, Orange; 3d district, C. E. Nichols, Rensselaer; C. E. Witbeck, Albany; 4th district, Henry Gray, Washington; E. F. Edgerley, Essex; 5th district, C. C. P. Clark, Oswego; 6th district, W. W. Crandall, Allegany; S. H. Peck, Tompkins; 7th district, Peter M. Wise, Seneca; 8th district, William Chase, Chautauqua; Henry Lapp, Erie.
For Honorary Members—Drs. J. C. Bucknill, William Farr, London, England.
Eligible to Honorary Membership—Drs. J. Lockhart Robinson, Sidney Ringer, London, England; T. S. Clouston, Edinburgh, Scotland; Roberts Bartholow, Philadelphia.
Delegates to State Medical Societies.—New Jersey: Drs. H. G. Piffard, New York; W. Govan, Stony Point. Massachusetts: S. G. Wolcott, Utica; J. C. Hutchinson, Brooklyn; J. V. Kendall, Baldwinsville. Michigan: C. G. Bacon, Fulton. Vermont: E. M. Lyon, Plattsburgh; R. W. Taylor, New York. Pennsylvania: T. H. Squire, Elmira.
Delegates to International Medical Congress, London—Drs. T. F. Cock, New York; Joseph C. Hutchinson, Brooklyn. Alternates: Drs. C. R. Agnew, New York; N. C. Husted, Tarrytown.
Delegates to the Canadian Medical Association—Drs. B. F. Sherman, Ogdensburgh; J. B. Andrews, Buffalo.
Delegates to the American Medical Association—Drs. A. C. Post, L. D.

Bulkley, G. H. Fox, New York; J. V. Kendall, Baldwinsville; H. R. Ainsworth, Addison; C. G. Bacon, Fulton; G. W. Cooke, Otego; F. R. Sturgis, New York; A. S. Coe, Oswego; J. R. Boulware, Albany; Conant Sawyer, Ausable Forks; W. N. Coit, Champlain; J. B. Graves, Corning; F. L. R. Chapin, Glens Falls.

Special Committee on Publication of Transactions—Drs. J. C. Dalton, New York; W. H. Bailey, Albany; Thomas F. Rochester, Buffalo.

The officers were duly elected and the Society adjourned *sine die.*

THE MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

SESSIONS OF 1880–81.

Abstract of the Minutes of the Stated Meeting of December 8th, 1880.

The second intervening regular meeting was held in the Albany Medical College, on Wednesday evening, December 8th, 1880.

The President announced the following appointments for standing committees :

Committee on Pathology.—Dr. A. Van Derveer, chairman; and Drs. J. S. Bailey, J. P. Boyd, Jr., D. H. Cook, A. W. Kilbourne, C. S. Merrill, W. H. T. Reynolds, S. G. Shanks, and L. B. Winne.

Committee on Hygiene, and the Relations of the Profession to the Public.—Dr. J. S. Mosher, chairman; and Drs. J. L. Babcock, H. Bendell, D. V. O'Leary, E. B. Tefft, W. G. Tucker, and S. B. Ward.

Committee on Registration—Dr. Jno. Ben. Stonehouse, chairman; and Drs. T. K. Perry and Lorenzo Hale.

A paper on "Psoriasis," by Dr. E. B. Tefft, was read by the secretary.

Dr. J. C. Hannan read an essay entitled "A New View of an Old Subject, or a Plea for the Lancet." After a humorous introduction, he stated that the present system of treating diease was founded on a false basis and inconsistent with the teachings of sound physiological principles—that the classification of diseased action was unnecessary—that a knowledge of the pulse superceded all other means of information in arriving at a clear conception of the nature and extent of all inflammatory disorders, and blood-letting by cups, leeches and the free use of the lancet, was the first and best method of checking the progress of the inflammation. He opposed the doctrine of germs, ridiculed the microscope as a means of detecting disease, and denounced the Pharmacopœa for the most part as a huge bundle of nonsense. He gave copious illustrations of the effects of outward impressions on the emotions, and stated, that in his opinion, derange-

ments in the human system depended more upon an undue proportion of the gases in the air we breathe, than from any of the causes laid down by our pathologists.

Dr. A. Van Derveer presented pathological specimens showing syphilitic vegetations on the valves of the heart, and syphilitic degeneration in the aorta.

Motions were carried that the committee on registration be directed to publish the chronological list of the Society; and, also, the list of physicians registered in the county clerk's office of this county; and that the committee be instructed to verify the registration, and report to the Society.

Adjourned.

LORENZO HALE,
Secretary.

COLLEGE AND ALUMNI NOTES.

The commencement exercises will be held March 1. St. Clair McKelway, Esq., of this city, will deliver the address.

The annual meeting of the Alumni Association will be held the same day. The morning reception to the members by the faculty and officers of the association, which has proved so pleasant a feature of these reunions will occur as usual. In the afternoon the regular business session, with an address of welcome by Prof. Van Derveer, and the annual address by the President Dr. F. L. R. Chapin, of Glens Falls, N. Y., will be held, and after the commencement exercises a banquet will be spread at the Stanwix Hall. All graduates of the college are members and are earnestly invited to attend.

After a prolonged illness, Dr. James L. Babcock passed from this life, February 13, in the fifty-eighth year of his age. He has been a prominent man in the profession of this city, where he has practiced for 30 years. He graduated in 1850, of a class having many representatives here, at the Albany Medical College, and for many years has been a curator of it. He has filled several offices of public trust. Since 1851 he has been a member of the Albany County Medical Society and was its President in 1858. He became a permanent member of the State Medical Society in 1870, filling several of its offices since. He has written largely on medical topics, his last effort being a contribution to the preceding number of this journal. He has long been a member of the First Reformed Church. For several years he has contended against the odds of much-impaired health, and now, after six weeks' prostration, he has passed to his rest. Only lack of space, as we go to press, will excuse so bare a sketch to his memory.

THE

MEDICAL ANNALS:

A Journal of the Medical Society of the County of Albany.

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FAVUS AND ITS TREATMENT BY A NEW METHOD OF DEPILATION.*

BY L. DUNCAN BULKLEY, A. M., M. D.

Attending Physician for Skin and Venereal Diseases at the New York Hospital, Out-Patient Department; Late Physician to the Skin Department, Demilt Dispensary, New York, etc.

Although a comparatively rare disease in this country, favus is met with from time to time, and there is reason to believe that many cases exist which either pass long unrecognized or are but partially treated. Thus they linger along in the hands of one physician after another, as the patient grows weary of treatment, or the disease is supposed to be cured, again to crop out when left to itself. Six cases of favus have presented themselves at my clinic, at the New York Hospital, during the past two years, and all of them, I believe, have been of very considerable duration, even many years in some cases.

It is not the purpose of the present brief communication to discuss the disease in general and its treatment, but simply to present a method which has been of very great service to me in dealing with cases of it during the past few years, and which has been watched with interest by a number of physicians who have followed the clinic.

Few who have carefully observed cases of favus, and know how deeply the fungus penetrates, will deny that a successful treatment of the disease must involve an extraction of the hairs, both in order to remove a certain quantity of the parasite within it and its sheaths and also to allow any remedy which is used to penetrate to the real seat of mischief.

* Read before the New York State Medical Society, February 1, 1881.

Epilation, or depilation, as it should be more correctly called, has long been practiced for this disease, first by the fingers alone, as employed originally by the frères Mahon in the Hôspital St. Louis, Paris; then with the aid of the forceps, and later by means of what was known as the calotte, or covering made of adhesive material spread on strips of linen, which, after hardening on the scalp, were torn off, bringing the adherent hairs with them.

Having to treat a large number of cases of tinea tonsurans, or ringworm of the scalp, in a public institution, some time since, and desiring to depilate more readily than could be done by the forceps, I endeavored to use the calotte, and had the strips prepared according to the French formula. This proved an utter failure; the material could not be made to adhere sufficiently well to the cloth, and masses of it were left adherent to the hairs, and very few of the latter were pulled out. Moreover, as the scalps were not entirely and absolutely covered with a disease which had loosened the hairs, the healthy ones would not come out, and the operation caused great pain.

It then occurred to me to employ shoemakers' wax, in a lump, which could thus be applied only to the diseased patches; but this was not sufficiently adherent, as the warmth of the skin kept it too soft, and no hairs were drawn. I then remembered having heard of or having seen a French *pâte épilatoire* advertised for the removal of superfluous hair from the face of ladies, and, on securing a specimen of this, I found that when applied it held tenaciously to the hairs, and that the diseased ones could thereby be extracted with great efficiency.

After a number of experiments with different combinations, with the aid of Mr. F. Haas, pharmaceutist, I succeeded in imitating these sticks very perfectly, and the following is the formula which we have found best, from which the druggist of the New York Hospital has made them several times very satisfactorily:

℞

Ceræ flavæ,	ʒiii.
Laccæ in tabulis,	ʒiv.
Resinæ,	ʒvi.
Picis Burgundicæ,	ʒx.
Gummi Dammar,	ʒiss.

M.

After the ingredients are thoroughly incorporated, the mass is rolled into sticks of various sizes, from one-quarter to three-quarters of an inch in diameter, and cut off in lengths of two or three inches each. The idea of the different sizes is that the work may be rapidly done with the broader sticks, where a large surface is to be gone over, while the thinner ones fit small irregularities, or can be applied to small isolated spots. If the sticks are more than two or three inches in length, they are

rather unmanageable when it is desired to apply a number at once.

The idea sought to be obtained in the composition of the sticks was to have a substance which would melt at a comparatively low temperature and yet be hard at that of the body; also, one which would cool quickly and have great cohesive properties, for some of the earlier combinations experimented with were found to break off, and to leave a portion adhering to the skin. The sticks are applied by slightly melting the end in an alcoholic flame, and care must be taken in applying them to heat the surface only superficially, and not to place it upon the part instantly, for it may thus be very painful, and even burn the skin, causing a blister.

The hair should be cropped short, about an eighth of an inch long, over the part to be treated, and as the stick is applied a slight rotary or twisting motion is given to it, to work the short hairs into its substance. It is to be left on for several minutes, —the longer the better,—and is removed by bending it over and drawing the hairs in succession, even with a slight twisting motion. When the diseased surface is at all large, a number of sticks may be applied, one after the other, and left on until cold; and as one is removed it may be immediately reapplied, and the one next longest on may be taken off and again replaced, and so on. I have thus used a dozen or twenty sticks at once, and so made very rapid progress in a very short time.

When the stick is removed from a greatly diseased patch of favus which has still much hair, the end is as thickly set with the bristling hairs as can be imagined, resembling a very fine infant's brush, and for a time it was a puzzle to know how to cleanse the end for a new application. The most ready and best method of accomplishing this is to burn the hairs in the flame which is used to melt the stick, and to wipe the end firmly upon a sheet of paper; the unburned portions of the hairs, with some of the material, will then be left adhering to the paper. Further contagion from the hairs is thus prevented, and a good surface is left on the stick for subsequent use.

The pain attending the extraction of the hairs by this method is not nearly as great as one might imagine, although, of course, it is considerable; a little practice renders it possible to give less pain than when first used, and I have found very considerable difference between the way patients have borne it when I performed the operation myself, or have entrusted it to one of the gentlemen attending my clinic. I have employed this method of depilation in at least six or eight cases, and in some of them for a considerable length of time. The most striking case, which has resulted in a perfect cure of the disease of many years' duration, may be very briefly detailed.

Lizzie T., now a pretty girl of 13 years of age, first came to the Hospital January 28, 1880, for the relief of her scalp disease,

which had lasted nearly, if not quite, since her earliest recollection. Almost the entire surface of the hairy scalp was found to be the seat of favus in various stages. Along the front there were well-defined cups extending to within half an inch of the anterior margin of the hair, and the disease reached to within an inch of the posterior and lower border of the hairy scalp; at the sides it extended almost to the ears, with a small portion of healthy hair on the right side. Much of the surface was covered with a confused mass of dirty yellowish crusts and scales, with some already bare spots of cicatricial tissue, and some which appeared to be also permanently destroyed, but on which the hair has since grown luxuriantly.

Depilation, by means of the sticks, was immediately commenced about the vertex, after clipping a portion of the hair to a proper length; as the treatment progressed, the area was enlarged circumferentially until the entire surface was gone over in successive sittings. Attention was, however, directed sooner towards the front of the scalp, with a view of preventing a further extension of the disease in this direction, and thus, if possible, of sparing the fringe of hair over the forehead, in which we were successful. She generally came three times in the week, alone, and bore the operation well, though occasionally, especially on parts not greatly affected, it would bring tears to her eyes.

After the depilation at each sitting, a lotion of bi-chloride of mercury, four grains to the ounce of water, with a little muriate of ammonia, was thoroughly rubbed into the bared area for several minutes, by means of a stiff cloth swab. The further treatment at home consisted, from first to last, in the use of citrine ointment, three times diluted, rubbed in night and morning; this was employed partly in order to prevent the spread of the disease by means of the dried spores of the fungus and partly as a parasiticide. She also, from time to time, took such remedies as the rhubarb-and-soda mixture, and once received ergot for a headache, which she had long suffered from, but which has largely ceased since the removal of her favus.

The number of hairs upon the scalp, and the time required for their removal by depilation, by means of the forceps, can hardly be appreciated except by those who have had practical experience in the matter. In two separate cases under my care more than 70,000 hairs were extracted from each during the course of the treatment. This little girl — Lizzie T. — attended very faithfully, but it was not until late in the spring that the disease was arrested. Some portions of the scalp were gone over several times; as soon as fine hairs appeared they were extracted, because minute cups would, from time to time, appear about the hair follicles. During the summer, little was done for her, and the hair was allowed to grow, and attained some length. Early in the autumn, a few doubtful appearances were observed, and a small amount of depilation was practiced with the sticks, and of single hairs with the forceps.

She has now been left a number of months without treatment, although she has attended at stated intervals for observation, and has been twice exhibited at my lectures, at the New York Hospital, this winter. The hair has now grown to considerable length, and is reasonably soft and silky ; and, though the surface of the scalp is a little scaly from the harsh usage it has received, there is no trace of a cup anywhere, nor can a particle of fungus be found in the scales or hair on microscopic examination. As before mentioned, a very considerable portion of the surface which was thought to be already rendered permanently bald has yielded a good crop of hair, and the disease which had rendered her life miserable from infancy, and has kept her from school more or less, is permanently cured.

She was seen last on January 29, 1881, one year from her first visit. She had then been entirely without any treatment or any local applications of any kind to the scalp for four months. Not a trace of the former disease was visible, except the scars alluded to, and the hair was about four inches long over the parts from which it had been frequently extracted.

A few words may be added in regard to the applicability or non-applicability of this method to the disease for which I originally devised it, namely, ordinary ringworm of the scalp (herpes tonsurans, or tinea trichophytina capitis). I have been rather disappointed in it use in this disease, for reasons which are inherent in the disease itself, though, in certain instances, it may be of service, as will be mentioned.

It is well known that the result of the action of the parasite in the hairs, in ringworm, is to destroy their texture, and to render them so brittle that they very easily break off. So marked is this feature that it has given the name to the affection, namely, herpes, or tinea *tonsurans*, because of the appearance of a tonsure which the disease produces when recent ; all are familiar with the broken and stubbed hair on these patches, feeling like a brush when the finger is passed lightly over them.

When we attempt to extract the hairs or stumps which are left on patches of ringworm of the scalp, by means of forceps, they are found to crumble and break off in the grasp, and one fails to extract the root, except with the greatest care, and by making traction in the exact line of the axis of the hairs. Consequently the depilatory sticks here presented do not accomplish very much on patches where the disease is well marked.

Another difficulty in using them successfully in tinea tonsurans lies in the scattered character of the eruption, whereby patches of disease of various sizes, often very small, are interspersed among healthy hairs. If, in putting on the sticks, they are made to reach out on to portions which are healthy, it will be found impossible to remove them. The mass of hairs cannot be thus extracted unless much diseased, and the pain given in attempting it is intense. This happened to me a number of

times in my earlier trials, and I was obliged sometimes to cut the hairs on the healthy parts beneath the stick, and sometimes the stick broke off, leaving a portion with the hairs firmly imbedded in it.

In old cases of ringworm, however, where the disease has traversed large areas, and the hair has re-grown rather thinly, and the surface is covered with branny scales, the hairs are more easily extracted *en masse;* and, moreover, they do not break off so readily as in the earlier stages. In these cases the sticks can be used to better advantage; and it is just these old cases which are obstinate, and in which a radical and thorough treatment is required. Here the wholesale depilation which is often necessary may be most readily accomplished by these sticks.

Favus resembles these latter cases more than it does the ordinary, more recent, cases of ringworm, in that in favus the hairs have comparatively little tendency to break; moreover, favus marches ahead evenly until a large surface is covered; and, finally, it leaves behind it a surface on which the hairs are deeply affected, need to be extracted, and can be drawn out with comparatively little pain. For rapidity of action and certainty, together with perfection of results, in such cases, the method here advocated can hardly be excelled.

NOTE.—During the subsequent discussion, Dr. Squibb made the very valuable suggestion of employing carbolic acid as a local anæsthetic before the operation of extraction of the hairs. This would probably suffice, to a certain degree, to diminish the pain, and it certainly would be of some value in aiding in destroying the parasite. To be of much service in lessening the pain, it should be applied quite strong,—nearly or quite full strength.

A CASE OF TYPHLITIS.

BY P. V. S. PRUYN, M. D., OF KINDERHOOK.

C. G. B., aged 15, an overgrown lad of large frame, was attacked about 1 P. M., October 2d, with severe pain in the abdomen. He had been out hunting on Friday, and, after a long tramp, becoming wearied, had laid down upon the grass. Being myself absent from home, Dr. W. W. Wendover was sent for, and kindly responded to the call. He found him suffering from severe pain in the abdomen, extending more to the right side, and running down into the testicle. This was accompanied by three or four liquid motions. Dr. W. administered a hypodermic injection of morphia, which relieved the pain, and kept him comparatively comfortable until I saw him about 3.30 P. M. The young man's parents were residents of New York, but had been spending the summer in Kinderhook, where he had engaged freely in athletic sports. His previous state of health had been pretty fair, but, owing to rapid growth, he had complained of

general debility, and had been encouraged on this account to lead an out-door life. While playing base ball during the summer, he had received a severe blow from a ball upon the testicles, or in the right inguinal region, causing most intense pain. During the summer, he had an attack of diarrhœa, rather obstinate in character, accompanied by heavily coated tongue, loss of appetite, some fever, and apparent biliary degrangement. This had after a while yielded to treatment, and it was a similar attack which I expected to encounter. I found him with considerable fever, a full frequent pulse, and suffering some pain in the abdomen, more decided in the right inguinal region. There had been no farther movements of the bowels, but his tongue was covered with a thick, whitish coating, and he had nausea, with some vomiting of bilious matter. I immediately prescribed morphia and an alterative dose of hydrarg. sub-mur., with aconite, as a febrifuge, and with the effect of preventing farther looseness, quieting his pain, and subduing the febrile symptoms. A hot poultice was also applied over the abdomen, and light diet enjoined. He continued to improve, and was decidedly better on Monday. Tuesday his fever had much abated and his pain and soreness so much relieved that strong pressure was readily borne. As he had vomited, on Monday, some greenish bilious matter, and he had but little pain, the anodynes were lessened, and with the intention of permitting a movement of the bowels; and, on Tuesday afternoon, an enema of warm water was administered, which, after a little, was followed by a natural movement of well-formed feces. Both the enema and the movement were attended by a moderate amount of pain. This subsided, and the anodynes were resumed at intervals of from 4 to 6 hours. He was comfortable during the night, and seemed to be improving until seven the next morning, when he was attacked with severer pain than at first, located in the right inguinal region and running down the right spermatic cord to the testicle, and accompanied by a desire to urinate. Several hypodermics of morphia were given in rapid succession before the pain was at all removed, and even then the anodynes were needed to keep the pain in subjection. The soreness of the abdomen was also increased and the fever aggravated.

Deeming a consultation advisable, I sent for Dr. S. O. Vander Poel, of Albany. Upon his arrival, and after a careful examination, on removing the poultice, which up to this time had been continuously applied, a prominence of the right ilio cœcal region was discovered, and, on palpation, a distinct hardness was felt. It was then disclosed that we had a case of Typhlitis to contend with, and the thorough administration of anodynes, the continuance of the poultice, of perfect quiet, and light nutriment agreed upon. Toward evening his pain entirely ceased, but a marked change in his pulse and general appearance was evident. These were accompanied by a profuse perspiration, and during the evening decided symptoms of collapse showed

themselves. His pulse increased in frequency to 120 to 140, and became quite irregular and unsteady. His hands and arms were covered with a cold perspiration. Owing to the irritability of his stomach and his repugnance to alcoholics, and even to champagne, the free administration of this class of diffusible stimulants was impossible, and so hypodermics of atropia were resorted to, with the effect of checking the perspiration and steadying the circulation.

Dr. Vander Poel was again sent for, and arrived about 8 A. M. He found him with the symptoms of collapse less marked than during the evening. Since his last visit, the abdominal distention increased; the general tenderness and local swelling and hardness were also aggravated. Deeming surgical interference necessary, Dr. Van Derveer and Dr. S. O. Vander Poel, Jr., were summoned, and arrived about 2.30 P. M. At the time of their arrival, his general symptoms had improved, his pulse having rallied and the sweating and coldness of the surface lessened. After a careful examination, Dr. Van Derveer was of the opinion that a perforation of the vermiform appendix had taken place, and that the collapse was in consequence of the shock to the system; that nature had thrown a wall around the offending matter. A trial of the aspirator was deemed best, but, after puncture in the usual place, in the right inguinal region, no pus was found. A continuance of the same course of treatment was advised, especial stress being laid upon the free use of anodynes, and a milk diet was ordered, and persisted in as far as possible. Although in the afternoon reaction seemed pretty well established, in the evening there were again signs of failure of the organs of circulation, and atropia and stimulants were given, with the same effect as before. By Friday morning the reaction had become finally established; the pulse had changed in a remarkable manner, and had become full and firm in character, varying from 90 to 100 in frequency. His surface had also become natural, and all immediate danger averted. The local symptoms also abated; the soreness, pain, distention, and hardness all improved. This continued during Friday, no change being made in the treatment. On Saturday morning he had several free liquid movements, without pain, accompanied by decided lessening of the abdominal distention, of the local hardness, and almost complete disappearance of the tenderness, on pressure. His pulse had fallen to 80, and was exceedingly good, and for the first time lacked that unnatural fulness which had characterized it since rallying from the collapse. On examining the movements, which were quite liquid, some grape seeds were found, which were assumed to be important factors in the causation of the disorder. The patient expressed himself as feeling much better; indeed, every symptom was greatly improved. His tongue was cleaning rapidly, his pain entirely relieved, the distention greatly lessened, the soreness hardly felt on the severest pressure, the fever entirely abated, the hardness much

diminished. Dr. Vander Poel on seeing him thought that resolution was established, but still it was determined to adhere rigidly to the prescribed course. The poultice and dorsal decubitus had been strictly adhered to, as well as the persistent use of anodynes. It was suggested that, if the bowels moved again, it would be well to give an astringent, and opium and bismuth were suggested. A movement having occurred in the afternoon, a powder was given. Shortly after this vomiting occurred, and the straining incident to the act seemed to cause a return of the soreness. Morphia was again resorted to, and he passed a good night, and seemed no worse Sunday morning, with the exception of somewhat more soreness. On Sunday afternoon the symptoms remained the same, with the exception of a slight rise in temperature, increased soreness, and some more distention. On Monday Dr. Vander Poel saw him again. Previous to Sunday, although the temperature was regularly taken, I have no record of it; but from this time I can give the record of at least three observations daily. Sunday, at 9 A. M., his pulse was 90; respiration; 24; temperature, 99½. 3 P. M.: Pulse, 92; respiration, 22; temperature, 99½. 9 P. M.: Pulse, 92; respiration, 22; temperature, 101¼. Until this rise in the temperature, as here noted, his condition on Saturday and Sunday seemed a very hopeful one. Monday. 9 A. M.: Pulse, 88; respiration, 22; temperature, 100½. 3:30 P. M.: Pulse, 80; respiration 22; temperature, 100¾. 9 P. M.: Pulse, 88; respiration, 22; temperature, 99. On Monday, after a careful examination, the abdomen was found to be somewhat more distended, and the induration slightly increased. There was also vomiting of greenish material, and difficulty was experienced in giving nourishment, owing to a capricious taste. His tongue had become again coated. No chills or marked febrile accessions. Tuesday the record is as follows: 6:30 A. M.: Pulse, 80; respiration, 20; temperature, 98½. 12M.: Pulse, 84; respiration, 20; temperature, 100. 5 P. M.: Pulse, 84; respiration, 22; temperature, 99. 9:15 P. M.: Pulse, 88; respiration, 24; temperature, 100¾. There seemed to be only the continuance of the symptoms before mentioned, and a slight increase in the abdominal tenderness and distention. In accordance with the advice of Dr. Vander Poel, who saw him almost daily, morphia was given in increased quantities, to semi-narcotism and complete control of the pain. His urine was free and nearly natural in appearance. He would vomit occasionally, but seemed to retain his strength pretty well. Examinations for fluctuation detected nothing, and so the course, as above described, was continued. On Wednesday the following is recorded: 7 A. M.: Pulse, 104; respiration, 20; temperature, 100½. 11 A. M.: Pulse, 100; respiration, 19; temperature, 100. 4 P. M.: Pulse, 104; respiration, 18; temperature, 99½. 9:30 P. M.: Pulse, 104; respiration, 21; temperature, 99. It was also observed that the abdominal distention had extended into the hypogastrium, and the rational and physical signs all

declared against resolution, though, as yet, no fluctuation could be detected. Thursday, 7 A. M.: Pulse, 104; respiration, 24; temperature, 99½. 1 P. M.: Pulse, 104; respiration, 20; temperature, 99½. The rational and physical signs indicating the steady progress of the disease, after a consultation with the Drs. Vander Poel, aspiration was again decided upon, but without effect. It was decided that on Friday Dr. Van Derveer should see him again, and some operative proceedure be attempted. During the night, he rested as usual, and, on Friday morning, though his symptoms were somewhat aggravated, still, no marked change was apparent. He was left profoundly under anodynes, and thus free from pain. Vomited 2 A. M. Friday, 7 A. M.: Pulse, 112; respiration, 22; temperature, 100½. 12 M.: Pulse, 100; respiration, 23; temperature, 103. Systematic poulticing was still kept up, and small quantities of liquid nourishment of varied character were given.

Since the reaction from the collapse, his pulse had been remarkably full and steady, and showed no signs of failure again until Friday, between one and two, when, quite suddenly, it lost these desirable characteristics, and became soft, more frequent, rising to 130, and afterwards somewhat irregular. I was absent at this time, but the indications were ably met by Dr. Wendover, who very kindly and efficiently assisted me when I needed aid. Hypodermics of atropia, digitalis and brandy were resorted to, with the effect of partially staying the failure, until the arrival of Drs. Vander Poel and Van Derveer about 3 P. M. The condition was then seen to be the gravest, and but little hope to be entertained by any operative proceedure. An aspiration was attempted, after a rectal examination had strengthened the supposition of the existence of fluid in the ilio-cœcal region. Dr. Van Derveer aspirated as before, and drew off a large quantity of a turbid fluid having a stercoraceous odor and measuring about sixteen ounces. No farther operative proceedure was deemed prudent, and he was left to such restoratives as had before been used, with the hope that, should he rally, a free opening might be made. He was now diligently plied with hypodermics of atropia, morphia, digitalis, and brandy, with only a temporary effect; and, with a rising temperature, a steady failure of vital power was only too apparent. In the application of these remedies, and in maintaining a constant watching of the case, I was still ably assisted by Dr. Wendover. Saturday morning, about 8, Drs. Vander Poel and Van Derveer again saw him, and expressed their opinion that any further effort would be unavailing, and so, except the hypodermics of morphia, every thing else was dispensed with. These secured quiet until death intervened about 11 A. M.

The case, as above described, has seemed to me to possess some points of interest, although, by the refusal of a post-mortem, many details remain obscure. One case, indeed, forms but small ground for generalization; but only by the careful study of indi-

vidual instances have such cases been assigned to the narrower classification of Typhlitis, as distinguished from the broader designation of the older times, "inflammation of the bowels." The case illustrates very well the marked tendency to go on to suppuration characteristic of this affection, not usually in a regular course, but rather by frequent relapses. The decided amendment following the attack of diarrhœa on Saturday was remarkable, and the question naturally arises, "Should it have been checked?" The liquid movements seemed to act as a drain to the products of inflammation still remaining, and to be productive of good rather than harm. The range of temperature, too, was most peculiar. Much reliance was placed upon this as an indication of the formation of matter, and also of the occurrence of complications or relapses. At least, the temperature did not give *early* information of the existence of matter, for a large amount had accumulated, and was made known by other signs first, when, judging from the temperature alone, no matter would have been suspected. The cause of the fatal result was probably general peritonitis. Here, too, the temperature was a very uncertain guide, and we see how a fatal form of the inflammation can develop and run its course without causing, until the later stages, an elevation of temperature that could be supposed to mark a grave disease. It appears to me that the temperature can be relied upon, at best, to throw but a side-light, and that other symptoms must rather be looked to as pathognomonic of the existence of suppuration or of peritoneal inflammation.

The indications for operative interference were closely watched, and the endeavor was made to meet them promptly, with what success the sequel shows. I have seen it suggested that, after a certain delay, an incision should be made; and, even if matter were not then reached, it made its exit by a safe channel more probable. I do not see how such a course could increase the danger of the case materially if judiciously done, and it might, in view of the sudden formation of matter, by preventing tension, give earlier and speedier relief.

A CASE OF TYPHLITIS.

BY N. L. SNOW, M. D., ALBANY.

Dr. M——, aged about 65, of active life and temperate habits, complained of sensitiveness, scarcely amounting to pain, in the right iliac region. He regarded an ill-fitting truss as the cause of his trouble. In a few months, after a hard day's ride, the pain became severe, and from this time his general health became implicated. I first saw him after one of his exposures, two years after his first symptoms; he then was confined to his bed; in the right inguinal region there was swelling and tenderness; bowels confined; digestion impaired; he was anæmic, and at times restless and nervous.

He continued professional business until about four months before his death. At this time walking or riding caused severe pain, and, even when quiet, he had periodical attacks of shooting pain. He could lie best on his right side. While in the supine position, with the legs drawn up, the tumor appeared quite prominent, lying close to the ilium; it could be circumscribed by the hand, and was hard and nodulated. When lying on the left side, the tumor became more prominent from the subsidence of the bowels, and remained close to the right ilium, as if connected with the bone.

Hypodermics of morphia and inhalation of chloform were used for the excruciating pains, which would last for a few minutes and then pass away. Anodynes by the mouth could not act with sufficient promptness. The stomach did not digest nor retain food properly; the bowels became more inactive; the pulse became more quick, irritable, and feeble, until he rather suddenly, though not unexpectedly, died.

Post-mortem 48 hours after death; body emaciated, waxy in appearance; weight about 110 pounds; rigor mortis well marked; calm expression of countenance; very little œdema of lower extremities. On abdominal section, the tumor was found adherent to the peritoneum, just within the crest of the right ilium; the skin and fasciæ were carefully dissected, and found to be not implicated. The adherent peritoneum was easily torn off with the hand, thus exposing a nodulated, hard tumor at the junction of the large and small intestines, implicating, principally, the cœcum and appendix. The intestine was tied, and severed above and below the tumor. The omentum and surrounding parts were but little implicated; the intestine and parts coming directly in contact, although adherent by plastic lymph, could be easily separated. The tumor was now removed; a small opening was found in a part of intestine which had become very thin from absorption, and a little fæcal matter had escaped into the abdominal cavity, which, although it left but slight traces of inflammation, is believed to be the immediate cause of death. The tumor weighed eight ounces, and extended some ten inches along the course of the intestine, surrounding and taking it up on all sides, still allowing, through its centre, the passage of fæces. Its growth was irregular, the part adjoining the ilium being thickest, in layers, and hardest; the appendix vermiformis is entirely taken up and lost in the walls of the tumor.

Apparently, some foreign substance lodged in the cœcum, or its vicinity, at the time the doctor first complained of pain, about two and a half years before death; this substance remained as an irritant, and nature, to repair the injury done by this irritation and absorption within, has thrown layer after layer of deposit on the outer surface, until the intestine has become entirely destroyed, and we have a foreign growth built up. I regard this as a case of typhlitis at its commencement, and that it gradually assumed the character of encephaloid.

THE MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

SESSIONS OF 1880–81.

Abstract of the Minutes of the Stated Meeting of January 12th, 1880.

The third intervening regular meeting was held in the Albany Medical College, January 12, 1881.

Vice-President Wm. Hailes, Jr., M. D., in the chair.

A. T. Van Vranken, M. D., read a paper entitled "Some Unusual Features in Typhoid Fever."

Drs. Lorenzo Hale and Jno. Ben. Stonehouse reported each a case of typhoid fever. Discussion followed by Drs. Hailes, S. O. Vander Poel, Ward, and Thompson.

N. L. Snow, M. D., read the history and exhibited specimens of a case of Typhlitis.

A communication was read from the Committee on Hygiene of the Medical Society of the State of New York, asking contributions of information on the question of "The Contagiousness of Diphtheria."

Adjourned.

LORENZO HALE,
Secretary.

COLLEGE AND ALUMNI NOTES.

The Eighth Annual Meeting of the Alumni Association was held "commencement day," Wednesday, March 2, at the college building.

At 10 a. m., the members were received in the library by the officers of the association and faculty of the college. Although, on account of the severe snow storm of the preceding day, the attendance was not as large as usual, this reunion was extremely pleasant. The forenoon was spent in recalling the incidents of college days and disposing of the excellent lunch prepared by Clarke, of Albany. At 2:30 p. m., Dr. F. L. R. Chapin ('51), of Glens Falls, N. Y., the president, called the meeting to order. Dr. Mosher announced the absence of the secretary, Dr. Tucker, on account of illness, and, on his motion, the historian, Dr. Jno. Ben. Stonehouse ('71) was elected secretary *pro tem.* The president then welcomed the graduates of '81 to membership in the association, and introduced Prof. A. Van Derveer, who welcomed the association to the college in well-chosen words.

After the reading of the minutes of the last meeting, the sec-

retary *pro tem.* presented a synopsis of the proceedings of the Executive Committee during the past year, stating, among other facts, the appointment of the following class historians: Dr. Joseph L. Weaver ('52), Leavenworth, Kansas; Dr. Herman Bendell, ('62), Albany, N. Y.; Dr. J. Stewart Hill ('72), Elmira, N. Y.

The treasurer, Dr. G. L. Ullman ('71) read his annual report, which showed a balance of $19.19. The secretary's report stated that the addresses of 889 members were known, scattered over thirty-one states and territories and in Canada and Japan. On motion of Dr. J. S. Mosher, the president appointed the following nominating committee: J. S. Mosher ('63), C. A. Winship ('58), W. W. MacGregor ('73), William Geoghan ('73), and F. G. Buckbee ('71).

The president delivered the annual address, which will be published hereafter in full by the association. and for that reason is omitted here. On motion of Dr. H. March, the thanks of the association were tendered to the president for his address.

Dr. Stonehouse then moved the adoption of an amendment to the constitution, of which he had given notice at the last meeting. The amendment increases the membership of the executive committee to twelve, and provides that of these only four shall be elected annually, thus avoiding the change of the entire membership each year. After debate, it was unanimously adopted.

The historian, Dr. Stonehouse, read his report, and announced that the historians for classes of '61 and '71 were not present, but that the president, Dr. Chapin, as historian of '51, was ready to report. Dr. Chapin then gave an interesting report of the class and its members. Dr. Geoghan, from the nominating committee, made the following report: President, A. Van Derveer ('62), Albany, N. Y. Vice-Presidents, Drs. A. Boyce ('49), East Schodack, N.Y.; H. March ('53), Albany, N. Y.; W. L. Johnson ('65), Johnstown, N. Y.; Eugene Van Slyke ('71), Albany, N. Y.; J. D. Featherstonhaugh ('74), Cohoes, N. Y. Secretary, Willis G. Tucker ('70), Albany, N. Y. Treasurer, G. L. Ullman, ('71), Albany, N. Y. Historian, Jno. Ben. Stonehouse ('71), Albany, N. Y. Executive committee, Drs. J. H. Dorn ('64), New York; L. Hale ('68), Albany, N. Y.; I. De Zouche ('69), Gloversville, N. Y.; A. Hewitt ('69), Fort Edward, N. Y.; B. U. Steenberg ('70), Albany, N. Y.; D. C. Case ('70), Slingerlands, N. Y.; F. M. Boyce ('72), Saratoga Springs, N. Y.; C. E. Jones ('72), Albany, N. Y.; William Wallace MacGregor ('73), Glens Falls, N. Y.; William Geoghan ('73), Albany, N. Y.; A. T. Van Vranken ('73), West Troy, N. Y.; William Stevens ('75) Cairo, N. Y. On motion of Dr. Wm. Hailes, Jr., the report was accepted, and the secretary *pro tem.* instructed to cast one ballot for the entire ticket.

The secretary *pro tem.* reported the deaths of the following alumni since the last meeting: Prof. E. R. Hun (honorary), of

Albany, N. Y., died March 14, 1880 ; Staats Winne ('51), Albany, N. Y., May 30, 1880; Levi Moore, ('51), Albany, N. Y., June 30, 1880; J. H. Scoon ('49), Amsterdam, N. Y., July 22, 1880; W. S. Young ('41), Johnstown, N. Y., November 12, 1880; J. T. Keay ('79), Albany, N. Y., January 4, 1881 ; James L. Babcock ('50), Albany, N. Y., February 13, 1881.

After the transaction of considerable routine business, impromptu speeches were made by the following gentlemen: Drs. J. B. Hartwell ('56), Lockport, N. Y.; S. G. De La Mater ('42), Duanesburgh, N. Y.; W. S. Cooper ('60), Troy, N. Y.; J. H. Dorn ('64), New York city; C. A. Winship, ('58), Eagle Mills, N. Y., and Vice-President J. E. Burdick ('63), Rockwood, N. Y., and the association adjourned.

At 8 o'clock in the evening, the forty-ninth commencement was held at Tweddle Hall. Rev. Dr. Potter, president of the university, presided. Mr. Charles M. Culver read an essay, entitled "The Natural Relations of the Physician and the Community," and Mr. Frank Potter Johnson delivered an eloquent valedictory. St. Clair McKelway, Esq., editor of the *Albany Argus*, delivered the address to the graduating class. Diplomas were awarded to the following gentlemen: Alva E. Abrams, William L. Allen, L. J. S. Archambeault, Frank Beebe, Louis E. Blair, George A. R. Blake, Elvin D. Bradley, Nathan A. Caldwell, Clarence A. Chaloner, Frederick L. Classen, Warren C. Cooper, Charles H. Crawford, Charles M. Culver, C. C. Duryee, Nelson Everest, David Fleischman, Frank B. Foote, William E. Fortune, Leonard A. Frazier, Henry L. Furbeck, John Hammond, Ira Harris, Thomas Hays, D. E. Higgins, Frank Potter Johnson, Henry N. Johnson, Nelson W. Kelso, Edward C. Kennedy, Laurence E. Kenney, George A. Krug, Edward S. Lawrence, John F. Lockwood, William P. Mason, Menzo E. Mattice, Howard Miller, William T. Miller, James H. Mitchell, Frederick Dana Morrill, John W. Morris, S. Hall Morris, William J. Murphy, Daniel D. Murray, Marshall E. Nellis, Theodore W. Nellis, Jeremiah O'Connor, Howard S. Paine, Eleazor E. Rulison, Frank G. Seaman, Fayette E. Schley, Warren C. Spalding, George F. A. Spencer, Edward J. Stephens, Rufus W. Terwilliger, Evert P. Van Epps, H. R. Van Rensselaer, George H. Van Wagner, Lansing T. Vedder, William Butler Webster.

The following prizes were awarded: For best report of eye and ear clinics, offered by Prof. Merrill, to David Fleischman, of Albany. Special prize, in same department, to Louis E. Blair, of Albany. For best report of surgical clinics, offered by Profs. Van Derveer and Ward, first to William Kamp; second to Newton D. Heath. As the result of the competitive examination to fill vacancies in the resident staff at the Albany Hospital, Henry K. Van Rensselaer and Edward C. Kennedy were selected.

At the close of the exercises at Tweddle Hall, the Alumni Association and its guests, to the number of 162, assembled

in the dining-room of Stanwix Hall. After grace had been said by Rev. M. C. Lockwood, a generous dinner was served, followed by speeches in response to the following toasts:

The Day We Celebrate.—A day of celebrated men. Dr. Hailes responded, in the absence of Dr. Van Derveer, who was detained by illness.

Our Association.—Only eight years old, but with lots of children that it is proud to acknowledge. Responded to by Dr. M. Perkins.

The Albany Medical College.—We think her the very best in the world. Responded to by Dr. S. O. Vander Poel.

The Orator of the Evening.—Not a doctor, but a promulgator of good doctrine. Responded to by St. Clair McKelway, Esq.

The Educational Interests of the State.—The west sent to the far east a wise man, who comes back the wiser; true Japanware which wears well. Responded to by Prof. David Murray.

The Press.—This is the only time we advertise. Responded to by F. W. White, Esq.

The Ministry.—While we are in at the birth, they are in at the death. Responded to by Rev. Dr. Magee.

Our Legislature.—May our representatives, then, assist at no abortion, but see that every bill goes its full time, and comes into the world by natural presentation, so that no consultation may be necessary. Dr. Wells, of the Assemby.

Medical Charities of the State.—Dr. C. S. Hoyt, secretary State Board of Charities.

Class Poem.—Dr. W. C. Spalding.

The Class of 1881.—In quantity and quality large. Dr. J. H. Mitchell.

After volunteer toasts, the gentleman separated, hoping to meet, next year, a larger number of their class-mates.

A CASE OF HERMAPHRODISM.

A very interesting account of an autopsy on a hermaphrodite who died at the age of 68 years, is given by Arigo and Fiorani in the *Annali Univer. di Med.* Autopsy showed a mons veneris and penis 8 c. m. in length. Glans normal. No urethra, but instead a sulcus lined with mucous membrane on under surface of penis. Labia majora at root of penis, each containing atrophoid testicle. In pelvis were found normal virgin uterus, broad ligaments, tubes and ovaries. No account of sexual inclinations is given.

THE

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HYPOCHONDRIASIS.

BY E. A. BARTLETT, M. D., ALBANY.

It is often difficult to decide in a given case, whether we have a sane or an insane patient to deal with, and in none is this difficulty more pronounced than in some cases of hypochondriasis.

A wholly different character of feeling and deportment from the preliminary excitement of mania is exhibited, resembling somewhat melancholia. The patient is calm; when roused to exert himself he can think correctly, and pursues his usual avocations, if with less energy, yet without any visible want of judgment. As in defining, with precision, the boundary between health and disease in general so in many of these cases it is not easy to draw a line between sanity and insanity; to determine how far the deviation from the ordinary course may proceed without passing the limits of mere eccentricity. There is a diversity of opinion as to whether this condition is properly a form of insanity. This diversity arises from the different theories held as to the nature of insanity, some psychologists holding that it is "a mental disease in which the moral and intellectual faculties are deranged;" others, that it is "a condition dependent upon disease of the brain in which the functions of the brain are disturbed."

The theory that insanity depends upon a pathological condition of the substance of the brain, would seem to receive a refutation in the fact that persons for a long time looked upon as, and pronounced by competent judges to be, afflicted with mania have been known to pass at once from a condition of frenzy to one of perfect sanity and quiet. Denying insanity to be dependent upon a lesion of the brain we are met with the question, if not this, what is insanity? Can the mind be diseased? One

might as well speak of diseased light or electricity. Is it possible for the spiritual to assume the gross condition of the material? To speak of that which is immaterial, and by consequence, incorruptible and indissoluble, as diseased, is absurd. It is certainly rational to suppose that the brain, as the organ through the medium of which the mind acts, being diseased, the action of the mind becomes perverted.

This disease of the brain is indicated by manifestations which are defined to be "changes in thinking, feeling and acting;" these manifestations are classified as delusion, hallucination and illusion. Delusion is defined to be "a false belief which has its origin in disease of the brain."

Having in hypochondriasis, or pathophobia as some one has called it, the false belief, it would be necessary, accepting the above definition, to demonstrate the structural brain lesion in order to assign it its proper place.

If it were possible to prove that the brain of every hypochondriac is diseased, then it would follow that hypochondriasis is a form of insanity. Evidence that the brain of some hypochondriacs is diseased only proves that hypochondriasis and insanity are sometimes coincidental; evidence that the brain of some hypochondriacs does not, upon post mortem examination, careful and accurate, afford any pathological appearances, would prove that hypochondriasis is not, necessarily, a form of insanity.

The brain is intimately connected with all parts of the body, is in constant receipt of impressions from the various organs, and it is possible that the continued action of these impressions, if they be morbid, ultimately produces a diseased condition of the brain, by interfering with it in the performance of its functions. An interesting case bearing upon this point is quoted by Prof. Charcot in his little work on "Localization." "A child who died at fifteen years of age had been attacked when three years old with infantile spinal paralysis, which went on to almost complete atrophy of all the limbs. Autopsy revealed, in addition to the spinal lesions, that the ascending frontal and the ascending parietal convolutions of the brain were much shorter than normal, and the paracentral lobule was almost rudimentary." In view of the fact that Ferrier and Hitzig make this lobule the psycho-motor center, Prof. Charcot drew the inference that the spinal lesion having produced paralysis of motion, the lobule was not brought into use, and hence the impaired condition in which it was found.

Instances are not wanting where interference with the functions of an organ has produced structural change in that organ, notably, the kidneys and liver. Is it unreasonable to suppose that, this being true of the abdominal viscera, the same is true of the brain? Where would this diseased condition be located? Manifestly at and around the point of reception of the morbid impression. It has been shown at many autopsies that the cortical substance of the brain is the portion diseased in insanity.

If this is the substance which receives the morbid impressions, there can then be shown a direct connection between diseased viscera and insanity.

In hypochondriasis we usually find functional derangement of the abdominal viscera accompanied with a morbid mental action. If we, by proper treatment, remove the visceral trouble and, after a length of time, find still remaining, the mental derangement, the inference would be that the limit of functional derangement, so far as the brain is concerned, has been passed and organic disease has supervened.

The foregoing thoughts were suggested during the supervision of the following case, which it is hoped will not prove uninteresting:

W. P., American, aged 45, widower for seven years, clerk, presented himself with the usual history of digestive derangements attended with forebodings of some terrible disease. He stated that he only passed a small quantity of urine through the natural channels, but it was constantly escaping through the skin; he could detect it by his sense of smell, and this trouble was causing him to become paralyzed, he knew by the pains in his knees and elbows. This patient presented the following appearance: Full-flesh, melancholy countenance, sallow complexion, conjunctivæ muddy yellow, tongue coated brown, breath offensive, pulse 52 and weak. No history of syphilis, hereditary or acquired, nor any neurotic tendencies in the family could be obtained. An alterative and diuretic were furnished, and it was suggested that he submit a specimen of his urine, the next day, for examination, and also a statement as to the quantity passed in the twenty-four hours.

The examination of the urine furnished the following facts: Amount passed in twenty-four hours, 2½ pints; color, light yellow; odor, normal; reaction, faintly acid; spec. grav., 1020; Albumen, none; sugar, not examined; oxylate of lime crystals, very numerous; phosphates, none.

Patient complained that he was so worried about himself that he could sleep only about an hour per night. The question arose, was it his anxiety that produced the insomnia, or was there a pathological condition already existing in the brain which acted as a cause of, not only the insomnia, but other abnormal conditions just mentioned?

Under the use of pil. podophyllin co. and acid. nitro-muriatic dil. with plenty of mental and physical exercise the unpleasant symptoms disappeared, and he again became cheerful. Chloral in fifteen grain doses on retiring had procured five hours sleep. The diminution in quantity or suspension of this drug was followed by sleeplessness, even though the patient was not aware that he had been using an hypnotic.

Some months after this he presented himself with a return of the old forebodings; this time because he had had several nocturnal emissions a week for three weeks. Potass. Brom. and

ergot were tried with the effect of checking the losses, but no relief of the melancholy followed. He finally went to a water cure where he remained for several months and came back feeling, as he thought, much improved. He remarked that he had lived on potass. brom. and ergot all the time he was there, and that it would be necessary for him to keep it right up.

He had seen some ataxic and general paralytic patients, had read up (?) his case, talked with the patients, and knew very well what he was coming to (?). This feature of the case will illustrate the impropriety of allowing patients afflicted with nervous diseases in different stages of development unlimited communication with each other, and the impropriety of allowing such pat ients a knowledge of the medicines employed.

This patient had long desired to remarry, but feared to, lest he should find himself impotent. Thinking it might benefit him he was advised to do so, which advice was followed. His anxiety interfered with the proper performance of the act of copulation, and he seemed for a time very much worse ; the mental trouble returned in full force, and the patient insisted upon going to Utica. This was strenuously opposed by his friends, and he is now laboring under the conviction that he has committed the unpardonable sin, at home surrounded with every thing to make him happy. There is an effort being made to amuse him, and in other ways occupy his mind. He attended to his business, takes two Turkish baths a week, and when last seen he said he thought he was, at length, "getting out of the wilderness."

His physical condition at present is one of, apparently, perfect health ; complexion clear, eye bright, tongue clean, pulse and temperature normal, appetite and digestion good, evacuations from bladder and bowels normal.

DISCUSSION.

Dr. Jno. Ben. Stonehouse. — In cerebral hyperæmia with insomnia and mental depression, as in hypochondriasis and melancholia, evidences of abscess of the liver may be sometimes found, and aspiration will relieve the patient, as proposed by Hammond in 1878. Dr. Hammond has thus operated in forty-three cases; found abscess in fifteen; found once a cyst, and in other cases nothing.

Hypochondriasis is often confounded with melancholia; when hypochondriasis is passing into insanity, it is difficult to draw the line.

Bucknill and Tuke relate that a man, impressed with the idea that he had cancer of the nose, after some months had the delusion that his nose had become so large that he could not pass the door; until then there was no evidence of insanity.

In melancholia there is a tendency to self-negation; in hypochondriasis, the patient will exalt himself.

In melancholia, the patient will spurn the office of a physician; in hypochondriasis he worships the physician.

Any patient who believes he has committed unpardonable sin, is of suicidal tendency. No case of melancholia should be treated without trained

nurses. The great risk of caring for such patients outside of an asylum was shown in a case that I saw with Dr. Lorenzo Hale about eighteen months ago.

Dr. Wm. Hailes : The matter of fixed delusions will confirm the diagnosis of insanity from hypochondriasis.

In melancholia the patient may have wrong impressions about himself ; he may think he has various diseases, e. g., that the urine is passing through the skin. This delusion is sufficient to mark a case as one of insanity The case described by Dr. Bartlett has the essential symptoms of melancholia

Much has been said of the propriety of treating certain classes of insane at their homes If insanity does not proceed beyond the manifestations of certain characteristics, and there is no tendency to homicide or suicide, we may have the patient with his friends ; and he may do better if he imagines that he is attending to business. But the patient may possibly change his delusions. Patients who seem to promise the best, will suddenly develop a tendency to suicide. There is always some risk attending the experiment.

Dr. E. A. Bartlett : I had called the case of mine, referred to, melancholia; his friends objected to his going to Utica, although the patient desired to go. One time when he was shaving, the thought went through his mind, "what a razor would do." He has still the idea that he has done something that will never be forgiven. But he is now so improved that he attends to business.

Points which we need to know, are the diagnosis between hypochondriasis and melancholia in the early stages, the means to secure arrest or prophylaxis, and how to decide that a patient is perfectly recovered.

Dr. Wm. Hailes : Where there are no delusions we may let the question of melancholia rest.

Hypochondriasis and melancholia are usually associated with anemia, mental strain, and overwork, or lack of food ; the indications therefore are plain : nutrition and rest ; for remedies, use preparations of medicines and food combined, as peptonized beef, cod liver oil with phosphoretted medicines. But patients will generally grow worse in spite of treatment.

Dr. Lorenzo Hale : The case that Dr. Stonehouse mentioned as having seen with me, impressed me with the view that supporting treatment was not always so much indicated as anodynes, revulsives, and especially depletion. The patient had puerperal fever after her second and last labor at the age of 27, in 1864, fifteen years before her death. She was unconscious ten days, and then for several months was the victim of religious insanity and suicidal impulses. The insanity disappeared, when profuse menorrhagia set in, for which she was treated about twelve years in Providence, R. I , and in the last three years by Dr. Janvrin in New York. Four years after the first attack there was a recurrence of spiritist communications and suicidal impulses. Three years later, while prostrated by excessive menorrhagia her youngest son was drowned; her friends feared a return of insanity, from the shock of her son's sudden death, at a time when she was unusually enfeebled by loss of blood, bnt no insanity was manifest until 1876, about eight years from the second attack, when in obedience to "the voice of Christ," she swallowed about two ounces of

laudanum. Her life was saved only after vigorous efforts. In the long interval between these attacks she was observed to be "singular."

There was no uterine hemorrhage since April 25, 1879, when after one of her severe flowings which was checked by local styptics, her insanity again appeared. She was brought to a relative's in Albany in July, as a means of diverting her mind. While here she attempted to choke herself with her hands, causing a large ecchymosis external to the cornea in each eye, and opened a vein in her left arm with scissors. For long periods she would talk in a low tone with great velocity, much of the time saying over and over "Trust the Savior," her eyes shut, her fingers tearing the quilt to rags. When spoken to she would open her eyes and answer rationally, except that in regard to her delusions, she would say "Her Savior keeps telling her that she has denied him, and he must give her up of course; but if she would save her family from the lake of fire where the sun goes down in the west, she must take her life, and then her circulation which is now dead, will be filled with the circulation of the spirit of trust, you know." She would watch her opportunity to dart from her bed to the yard, and stand for hours in the sunshine "receiving revelations," as she said, but apparently seeking suicide from sunstroke.

On August 5th, after she had been under my care six days, having been treated with anodynes, revulsives and cathartics, her general condition had become worse. She had been for more than twenty-four hours without sleep, or food, or drink; her fingers were in constant motion, and were supplied with cloths to tear up, to prevent her tearing valuable goods; and "revelations" of the necessity of suicide were constantly received. After repeated attempts to have the patient take food or medicine, a relative boxed her ears, and said "no one need blame keepers of insane if they do appear to outsiders to be cruel." The patient was forced to swallow three croton oil pills, about 20 grains of chloral, 50 drops of ext. gelsemium, and 2 teaspoonfulls of liq. opii comp. She had been taking gelsemium in increasing doses for several days. The patient slept almost continually from the hour of taking this enormous dose, at 9 A. M., until noon the next day; her pulse which had ranged from 108 to 112, gradually came down to about 70; her head which had been always hot, became cool, and from this date the family called her well "nearly," and were displeased at my constantly evil prognosis. The rapidity of speech and constant motion of fingers did not again occur, and she became interested in current matters, and really enjoyed a week's visit in the country. But she was found to have stolen a silk handkerchief, and apparently to have attempted strangulation, and cut a vein in her arm with a broken bottle. On September 7, 1879, she by stealth, obtained a sharp bread knife, and with her left hand transfixed her neck, and severed the left carotid and jugular and the trachea.

It is noticeable that during the loss of blood the mind was always most sound, and that the insane symptoms seemed the sequence, not of anemia, but of prematurely checking the flow of blood.

DR. HAILES: After attempted suicide by cutting, etc., patients are often sorry for their act, although they are deceptive in their expressions. Dr. Hale's case may have improved after hemorrhages by reason of their relation to the menses.

THE DISPOSAL OF SEWAGE.*

BY WM. R. ADAMSON, M. D.

Pure air, pure water and nutritious food, are the three great agents promoting life and health. Any one of these once used, or combining with matter of a deleterious character, loses its vital property and becomes, as it were, poison, unfit again to fulfill its sanitary mission until it has been exposed to those revivifying influences which will restore its vital energy. Air once used loses its vitality and becomes unfit to sustain life. Air carrying decomposing matter and the germs of disease, is also directly injurious, in the same degree that it becomes the vehicle which conveys these noxious elements. The breathing of vitiated air will lower the natural vitality, and so render the human subject susceptible to disease.

Water is the agent used for conveying nutrition to every part of the animal system; and after fulfilling this mission it becomes the vehicle for removing all those soluble compounds which have subserved their purpose in the animal economy.

Deleterious matters present in water, as a rule, act more speedily than those present in the air, because when conveyed in water they pass at once by the rapid process of venous absorption into the system. In the report of Dr. Simon, the late medical officer of the Privy Council for 1869, it is stated, "in reference to water supply and disease, that the doctrine, in general terms, that a vast influence is exercised over the health of communities by the quality of the water supply which they consume, is one, which as far back in literature as any reference to such questions could be expected to exist, may be seen to have universal medical consent in its favor; and during long ages of history, the common instincts of mankind were even surer and stronger than undeveloped science. Of the many invaluable additions and improvements which medical knowledge has received within the last quarter of a century scarcely any can, in my opinion, be compared for present practical importance to the discoveries which have given scientific exactitude to parts of the above-stated general doctrine, have enabled us definitely to connect the epidemic spread of bowel disease in the country with the existence of certain faults in the water supply. Not only is it now certain that faulty public water supply of a town may be the essential cause of the most terrible epidemic outbreaks of cholera, typhoid fever, dysentery and other allied disorders, but even doubts are widely entertained whether these diseases, or some of them, can possibly attain general prevalence in a town except when the faulty water supply develops them."

On refering to history we find that water and sewerage works and temples of health were constructed in all the ancient cities

*Read before the Union Medical Association of Washington, Warren and Saratoga Counties, sometimes called the Tri-County Medical Society.

of the world wherever civilization had advanced to any degree of refinement. Many of these works have outlived the destruction which has doomed more imposing but less useful structures.

Alexandria, Carthage, Herculaneum, Jerusalem, Ninevah, Rome, and many other cities had a complete system of sewer and water work. In Rome, after the lapse of twenty-five centuries the Cloaca, constructed when she was in the meridian of her power, is still retained and performs a similar duty for modern Rome as that intended to serve the ancient city. Many works executed in the early period of the world's history were of so stupendous a character as to rival the largest works of the present day, and they bear the strongest evidence of the clear knowledge of the sanitary appliances required for every large city. The Egyptians worshiped the Scarabæus, probably recognizing its utility from a sanitary point of view as well as admiring the lustre of its coat. The Persians had some very clear notions of the necessity of preserving the purity of rivers, which were held in special veneration, and were not to be defiled by any excretion of the human body. It was enjoined on the Hebrews to dispose of the excretions of the human body by burying them in the earth at a place beyond the limits of their habitation. Under the Mosaic dispensation sanitary laws were religiously observed. In the works executed in ancient Jerusalem, we see that the Jews possessed a clear knowledge of the necessity of removing all decomposing matter as expeditiously as possible, to a place outside their city, and that when so removed, they knew how to dispose of it. From the description of the outfall works of the sewerage of ancient Jerusalem we learn that the sewage was collected in tanks, the solid matter was removed and purchased by the gardners, and the liquid was afterwards used for the purpose of irrigation, just as is the most approved practice of the present day. The Greeks had special provision in their houses for the reception of the excretions, and latrines appear to have formed one of the necessary provisions of a good Grecian house.

Although these ancient examples of sanitary works were executed when art and science had reached a high degree of excellence, we come to a period in history, when both art and science declined, and with them the benefits derivable from a sanitary science seem to have been forgotten and ignored, and the people sunk to the lowest depths of sanitary neglect, from which the powerful voices of plague, typhus and cholera were the first to arouse them.

Dr. Lyon Playfair stated in his address at Glasgow in 1874, that "when the civilization of the Egyptians, the Jews, the Greeks, and the Romans faded, the world passed through dark ages of mental and physical barbarism. For a thousand years there was not a man or woman in Europe that ever took a bath." "No wonder that there came the wondrous epidemics of the middle ages, which cut off one-fourth of the population of Europe." "But even when the middle ages had passed away,

and the sun of civilization was again rising over the gloomy darkness of the centuries, what a heritage of filth-produced disease still remained." Look at Montaigne's description of the plague at Bordeaux, from which he fled to his country house; it killed 18,000 out of 40,000 people, followed him and destroyed whole villages; men's minds were occupied, not with the thought of life, but how to protect their bodies from wild beasts after their death. He gives a terrible picture of one of his own workmen, whose last act was to draw the earth over his own expiring body. It is not a pleasing task to dwell on the habits of the population of England in past times. Go back only to the time previous to the Reformation, and you can have no difficulty in understanding why luxury and squalor produced the plagues of the times of the Tudors and Stuarts. The cabin of the peasant was made of reeds and sticks, and plastered over with mud. In these wigwams lived an ague-stricken population. In the towns the mechanics lived in rooms without glass windows, slept on straw beds, and worked in shops unheated by fire. Even in well to-do houses rushes covered the floor and got saturated with scraps of food, which remained to putrify under new layers of rushes scattered over it, so that the 'petreman' came to dig saltpetre out of the floors. Filth, instead of being abhorred, was almost sanctified. The Monks imitated the filthy habits of the hermits. St. Antony never washed his feet; St. Thomas-a-Becket, when martyred, had undergarments in a state which makes one shudder in the remembrance. And so the Monks, in part, up to the present day, thought, or pretended to think, that by antithesis, pollution of the body indicated cleanliness of the soul. But this association of filth with religion was unhappy in its consequences, for men ceased to connect disease with uncleanliness, and resorted to shrines and winking virgins for cures of maladies which were produced by their own physical and moral impurities.

For twenty years after the restoration there was an exceptionally high mortality, even for that epoch, in the metropolis. Macaulay describes it as a time "when men died faster in the purest country air than they now die in the most pestilential lanes of our towns, and when men died faster in the lanes of our towns than they now die on the coast of Guiana." Dr. Edward Bascombe in his History of Epidemics, says that up to the year 1760, extraordinary as it may appear, there was not any such thing as a privy in Madrid; it was customary to throw the ordure out of the windows at night, and it was removed by scavengers next day. An ordinance having been issued by the King that every householder should build a privy, the people violently opposed it as an arbitrary proceeding, and the physicians remonstrated against it, alleging that the filth absorbed the unwholesome particles of the air, which otherwise would be taken into the human body. His majesty however persisted, but many of the citizens, in order to keep their food wholesome erected privies close to their kitchen fireplaces."

The success of sanitary measures is more dependent upon the character of the works executed than upon any salubrity or insalubrity of climate. For example, we find that both Brussels und Paris, which have climates far more salubrious than that of London, have nevertheless a higher rate of mortality than London, proving conclusively that the sanitary works of the latter are of a more effectual, and therefore more perfect character. The health of the inhabitants of London, when compared with that of some of the provincial towns of England, shows, in the same marked degree, the superiority of the sanitary works of the metropolis.

Various modes have been proposed from time to time, for effecting, or perfecting, the appliances within our towns for the removal or all decomposing matter, and various agents have been suggested for use in connection with the removal of those accumulations of filth and dirt which have been found to be so prejudicial. All the elements known to the ancients have been laid under tribute for this purpose; fire, air, earth and water have all been tried in their turn, to assist the sanitary engineer in securing the great object sought for.

The treatment of sewage resolves itself into various methods for removal of it from the neighborhood, either in its native state or mixed with some substance which may facilitate its removal, as water, or may render it less disagreeble, as dry earth, ashes, salts of carbolic acid, salts of iron, etc.; this removal being necessitated by the extremely offensive nature of excrement when allowed to remain for any length of time in or near houses, of which no one will require proof, and also by the great injury to health which results in various ways from the same cause, and of the reality of which we have now ample evidence.

The term "sewage" the British Association Committee apply to all refuse of human habitations affecting the health of the country; and this, it is necessary to bear in mind, as no scheme which does not remove all refuse matter, in as inoffensive a manner as possible, and utilize it so as to make it pay, can be accepted as any thing like a final solution of the question that we have to study, nor can such a scheme be recommended to towns as a possible plan for the removal of their difficulties.

[CONTINUED IN THE NEXT NUMBER.]

ANEURISM OF THORACIC AORTA, CAUSING DEATH BY COMPRESSING THE ŒSOPHAGUS.

BY S. O. VANDER POEL, JR., M. D.

John Farrell, aged 45, Ireland. Entered St. Peter's Hospital July 20th, 1880. He came in suffering from asthma and some solidification over upper lobe of the left lung. He complained of considerable difficulty in swallowing, and upon examination

with laryngoscopic mirror, left vocal cord was discovered to be paralyzed, there being much congestion of the surrounding parts. Treatment, house cough mixture and iodide of potassium, five grains three times a day, there being suspicion of constitutional taint. Patient was next put on muriate ammonia, fifteen grains three times a day. On August 28, a blister of cantharides was put on both sides, which relieved him from pain. On September 15, he left the hospital, somewhat improved. He was again admitted to hospital November 18, 1880. He was put under treatment, and for a while seemed to improve. When breathing was labored, local applications were made of tincture iodine, from which he seemed to obtain great relief. Being impatient and tired of staying in bed, he got up and left the hospital December 4, but on the following day he was picked up in the street in an almost moribund condition. He was again conveyed to hospital and seemed to improve until the evening of December 7, when he complained of pain; the usual remedy being applied, he appeared quite easy. The next morning, while eating his breakfast, it was found that some of the food had lodged in his throat, and it was with great difficulty that he breathed. After some effort, a small amount of food was removed, without relieving him, however, as he continued to grow worse until 7:45 A. M., when he died—December 8, 1880.

The above is taken from the hospital records.

During the last two weeks of his life his asthmatic attacks were very severe and his breathing could be heard all over the ward. On taking any thing but liquid food, he would be immediately seized with paroxysms of strangulation, which were only relieved on the regurgitation of the food. He was ordered a liquid diet, to be taken only when in an upright position, or when slightly bent forward. It was after partaking of a large breakfast that he was seized by one of his paroxysms. As these were of frequent occurrence, it did not attract much attention from the attendant, so that considerable time elapsed before the surgeon could be summoned and when he did arrive the patient had died of suffocation.

Post mortem, six hours after death. Body well nourished. Thorax: a large aneurismal sac of the ascending and transverse portion of the aortic arch, measuring some three by five inches, was found attached firmly to the under side of the sternum, into which bone it had eaten its way; on removing the sternum, the sac was opened and found to contain a large amount of clear serum, with a clot in its most dependent portion; a second aneurismal dilatation was found on the descending portion of the arch of the aorta, about the same size as the first; it was found to compress the œsophagus in such a manner as to occlude that tube, which, above the aneurism, was found to contain unmasticated pieces of meat; there was no stricture of the tube, the obstruction being caused by the pressure of the aneurism from

without. Heart: very marked hypertrophy of the left ventricle. The epiglottis was shriveled and bent upon itself, owing to cicatricial contraction; small points of ulceration on the post-pharyngeal wall; thyroid cartilage calcified; the pharynx contained lumps of meat. Lungs: firm pleuritic adhesions of both lungs; upper lobe of left consolidated; chronic bronchitis and emphysema of both lungs. Liver: cirrhosis, more marked in the left lobe. Kidneys: granular; capsules adherent. There was a cicatrix on his penis, and other evidences of syphilis.

ALBANY HOSPITAL.

NOTES OF CASES.

Reported by CLINT. B. HERRICK, M. D., House Physician and Surgeon.

COMPOUND COMMINUTED DEPRESSED FRACTURE OF SKULL, WITH RECOVERY (Service of Dr. Wm. Hailes, Jr.).—Case: George L——, aet. 19, colored. On July 18, 1880, while the patient was sleeping on a platform near the railroad track, with his legs hanging over the edge, a train came along, striking and twirling him around so that he fell off the platform and struck his head against the car wheel. When brought to the Hospital, a half hour or so afterward, he was unconscious; the muscles of the face and hands were twitching, pupils dilated, and could not be roused at all, although sensation was not entirely destroyed. His pulse was weak, intermittent, and not very rapid; temperature about normal; respirations irregular, and about twenty-five to the minute. On examination it was found that he had sustained a compound comminuted fracturein the left parietal region radiating up over the vertex. There was one considerable portion of bone at the upper part of the fracture that was depressed. On removing a number of fragments and extending the cut in the scalp, an opening was left sufficiently large to introduce an elevator and raise the depressed portion, which was done. This relieved the twitching almost immediately. The dura-mater remained intact, and there was but little hemorrhage. Cold water dressings were applied, and patient put to bed. He remained in a state of stupor for three or four days after the accident. He could be awakened sufficiently, however, to answer a question, which he would do in a drawling, unconnected way, and on the third day to take some nourishment; when asked if he wanted to pass water, he made signs that he did, but would not of himself make known the desire. Respirations ran up to forty on the second day, and then back to twenty, where they ranged. Pulse ranged about sixty-five until patient got out of bed, when it ranged about eighty-six. Temperature took a regular evening rise and morning fall of 2°, reaching 101°. Ranged

about normal after twelfth day. Wound healed by granulation. At the end of first week the patient began to get rational and remained so. He was kept in bed for about two weeks, when he was allowed to get up and walk around. He continued to improve until September 20, 1880, when he was discharged, cured.

Internal Urethrotomy and Removal of Testicle (Service of Dr. S. B. Ward).—Benj. C——, aet. 56. When about eighteen years old, the patient had an attack of gonorrhœa, which lasted a usual length of time and was seemingly cured. He said, however, that a slight discharge kept up, at times, for a while. He has no history of an injury. About twenty years ago he noticed that he could not pass water as readily or as fully as usual. This continued until it almost stopped entirely, only a few drops or a very small stream passing. He remained in this condition for eighteen years, until coming to the Hospital, January 5, 1881. Three days after, an operation was performed for dividing the stricture with Otis' dilating urethrotome. Before operating he was given 10 gr. quinine, which was repeated after the operation. There was but little hemorrhage, and after operating a No. 16 (English) sound was passed. The next morning he had a chill, and temperature ran up to 102°. Quinine was administered in doses of 5 gr. three times a day. His temperature came down, and next morning ranged about 99°. On the third day a sound was again used without difficulty, and this practice was repeated about once a week. The patient's left testicle had been increasing in size for two or three years, and, lately, had given him some pain. As he was desirous of having it removed, the operation was performed on the 22d of January. The vessels were dissected out and ligated alone. He made a rapid recovery from this. The growth was found to be sarcomatous. The patient was discharged February 19, 1881, cured.

EDITORIAL.

—A Medical Mass-Meeting.—The meeting held last week in Chickering Hall, New York city, was a phenomenal affair; it was a mass-meeting of the medical profession of the city. Its object, as stated in the call, which was signed by many of the best-known physicians in New York, was to urge the passage of what is known as "The Citizens' Bill" through the Legislature. The nature of this bill and its history hitherto is probably well known. Politics, heretofore, have predominated; meanwhile, those outside of politics have to suffer. One of the results has been that filth has accumulated alarmingly in the city streets. Besides, responsibility has not had a fixed place;

between the Board of Health and the Police Board this work has, as it were, slipped between two chairs. An important point, as its friends feel, is making the mayor alone the responsible agent, and on this point the bill fails to secure favorable advancement in the lower branch of the Legislature. Several citizens' meetings have been held, in all of which physicians have taken prominent part. This one was purely a meeting of the profession.

The large hall was filled, and largely with medical men. Dr. Willard Parker presided,—a veteran in the profession, but showing little loss of the erectness and vim of years ago. Many faces familiar here in Albany at the State Society meeting were seen on the stage. Speeches were made by Drs. Fordyce Barker, in which he denounced severely assemblyman Dr. Hayes for his opposition to the bill; Wm. H. Draper, who drew out happily the suggestion of the meeting as a "consultation"; E. G. Loring, dwelling on the novel proposition, enforced by quoted experience, of the effect of street dust in producing a mild but intractable ophthalmia; A. L. Loomis, who has been prominent in this agitation elsewhere as well, and who made a very forcible speech, alluding to the imminent danger to which the city is subject of the spread of an existing epidemic of typhus fever; J. C. Peters, who spoke of the absorption by meat hanging in butchers' shops of exhalations of street filth, causing what he termed winter cholera; Drs. Roosa, Sayre and Dalton also spoke. Resolutions setting forth the fact of existing filth of long accumulation, the danger to be apprehended, and invoking the aid of physicians throughout the State toward securing, in the Legislature, the reforms desired, were adopted unanimously.

This meeting is one of interest to the profession everywhere. It is a matter of pride to us all to see so large a body of medical men gathered in such a cause. What will be its influence? That it should be controlling is self-evident. None in the community could speak from larger observation as to the facts, or know so well the results, or take so disinterested a view of the whole matter. Undoubtedly, the community generally is inclined to estimate professional advice so given to it at full value; the only doubt is as to whether the politicians will act upon it, or shut their eyes to every thing but party advancement. New York city ought for many reasons to be, as has been proposed, a free city; there is a vast incongruity, at least, in its affairs being

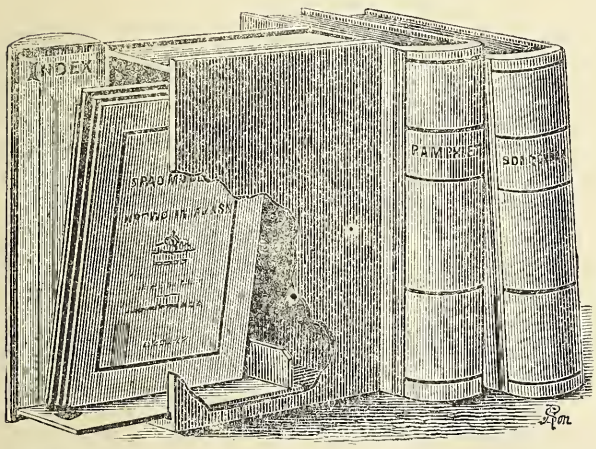
in the hands largely of men who know of nothing but country life. Meanwhile, what help we can give in this work of our brethren there let us render; and to stimulate ourselves by something of a selfish consideration, let us remember that epidemics tend to go out on lines of travel, and there is abundant opportunity for any such prevailing there to radiate through the State and country from the large emigrant and general travel and traffic. It is better to prevent than to cure.

COLLEGE AND ALUMNI NOTES.

The spring term at the college opened Monday, April 3d, a fair number of students attending. Drs. R. H. Sabin, Wm. Geoghan, M. R. C. Peck and S. R. Morrow are added to the corps of lecturers, and Drs. F. Townsend, Jr. and D. H. Cook retire.

The daily papers have announced the unprovoked murder of Dr. H. W. Wright, '80. This sad event occurred somewhere in Connecticut, but we have no further information concerning it.

BOOK NOTICES.



CLACHER'S PAMPHLET AND MAGAZINE BOX is a neat and durable receptacle for magazines, letters, and the various *et cetera* which accumulate on an office table, which by their orderly filing are preserved and accessible. It has advantages over most articles of this kind in the facility of its use; its contents can be consulted without removing it from the shelf, and when the slide on which they rest is returned to its place, the cover closes automatically. It appears to be durable, being made of light wood, which is covered with paper. Some half dozen different sizes are made, at prices from 60 to 80 cents; from a size suitable for this journal up to the Franklin Square Library. The accompanying cut gives an idea of its appearance. It is made and sold by Thomas L. Clacher, 107 East 28th street, New York city.

FOOD FOR THE INVALID; THE CONVALESCENT; THE DYSPEPTIC; AND THE GOUTY. By J. Milner Fothergill, M. D., Edin., of London, and Horatio C. Wood, M. D., of Philadelphia. New York: MacMillan & Co. Price, $1.00.

It is certain that all physicians who have felt the need of a practical work to aid them in the difficult task of determining the proper diet of a patient will give this little book an enthusiastic welcome. The first chapters—"Introduction," "The Invalid in Bed," "Nursery Food," and "Food Generally"—are brimful of good, practical common-sense, while the two hundred and ninety-eight recipes which follow have evidently been selected with great care. The majority are inexpensive, and all can be prepared by any intelligent cook. We bespeak for the work of these well-known medical men a careful perusal by all our readers.

THE MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

SESSIONS OF 1880–81.

ABSTRACT OF THE MINUTES OF THE STATED MEETING OF JANUARY 26TH, 1881.

The fourth intervening regular meeting was held in Alumni Hall, Albany Medical College, on Wednesday evening, January 26, 1881.

Dr. E. A. BARTLETT read a paper on "Hypochondriasis," which was discussed by Drs. Jno. Ben. Stonehouse, A. Van Derveer, Wm. Hailes, Jr., and Lorenzo Hale.

Dr. A. VAN DERVEER reported that he had recently seen, with Dr. D. C. Case, at Slingerlands, a case of "Multiple Fractures" of great interest to him. A lady, 73 years old, has shown a great tendency to fracture her bones. Five years ago she fractured her left radius. Two years afterwards she fractured two of her ribs. One year ago she fractured her right humerus. Her mother, at the age of 80, fractured a femur, and afterwards the other femur. Four aunts of the first patient each fractured several bones when over 70 years of age. No evidence of fragilitas ossium.

Society adjourned.

LORENZO HALE,
Secretary.

THE

MEDICAL ANNALS:

A Journal of the Medical Society of the County of Albany.

VOL. II. MAY, 1881. No. 5.

INVERSION OF THE UTERUS.

BY A. SHILAND, M. D., WEST TROY.

On the 26th of January, the date of the last meeting of this Society, at five o'clock P. M., I was called to attend Mrs. H——, aged 21, in labor with her first child. Labor commenced about five hours previous and lasted until ten P. M.

The vertex presenting and the os dilating favorably, no assistance was needed until the last hour of labor, when the head rested in the lower part of the pelvis, making slight advance on account of the feeble expulsive pains. Finally, I applied the small forceps and aided in delivery. As there were none of the usual pains following delivery, no traction was made on the cord.

The placenta was found lying in the vagina, and nearly twenty minutes had elapsed since the birth of the child before any attempt was made to remove it. The mother manifested unusual symptoms of faintness and exhaustion. No pulse was perceptible at the wrist, neither were there any signs of the womb in the abdomen. Such a condition would exist where there was want of contraction and internal hemorrhage. On removing the placenta from the vagina, a tumor like the head of a child was found in the pelvic cavity.

A brief digital examination convinced me there was inversion of the uterus, although the tumor did not pass out of the vagina externally. In order to restore the inverted uterus, I passed my hand into the vagina, and, while grasping the fundus, could define with my extended fingers the shape of the tumor above. The tumor was hard like the womb, firmly contracted, neither did it yield to pressure against the fundus. After grasping with the hand and firmly pressing upwards for some minutes, it gradually yielded and returned to its original position. Before com-

plete restoration was accomplished, it was necessary to carry it up within the abdomen and finally extend the fingers to press back the fundus. There was inertia, or want of contraction, even after restoration; this feature was manifest the last hour of labor, as there were not the usual expulsive efforts.

The most noteworthy features of this case were the faint, sinking condition of the woman, and want of pulsation indicating hemorrhage; the absence of any signs in the abdomen indicating the position or condition of the womb. This accident might have been overlooked until complete inversion occurred, had not the pallid and sinking condition of the patient aroused apprehension of danger. Two cases occurred in my practice some years ago. A report was made to this Society and published in the *American Journal of Obstetrics.** One was complete inversion, the other similar to the case I now report. No unfavorable result has followed in either case.

Dr. Thomas says, the accident depends for its production upon two elements: first, relaxation and inertia of the uterine walls; second, downward traction or pressure. For example, after labor the uterine walls may remain lax and atonic from inherent inertia. This was, manifestly, the condition of the womb in the case now reported.

An examination of the history of these cases shows that this accident has been frequently overlooked, or a wrong diagnosis made by the attending physician. Eminent physicians have removed portions of a partially inverted uterus, and even the entire womb, under the impression that it was a tumor. In a former case of complete inversion which I attended, the placenta was adherent to the whole surface of the inverted uterus, making a diagnosis at first extremely difficult. A brief report of these cases, when they occur, will serve to put us on our guard, and save our patient from long and dreadful suffering. It may be interesting to discuss this subject more fully at another time, and enquire what are the most approved methods of treating both acute and chronic cases of inversion of the uterus.

It is only a few years since a proper consideration was given to this subject by the profession. A report of a successful operation in a case of chronic inversion was followed by many similar operations in cases which were regarded as hopeless. New discoveries in medicine, like new discoveries in other branches of science, arouse universal effort in the same line of research, and result in the greatest good.

DISCUSSION.

Dr. Maurice J. Lewi: The only case of inversion of the uterus that has come under my observation was at the General Lying-in Hospital at Vienna, in the care of Prof. Spaeth. Dr. Schauta, Dr. Spaeth's assistant, was called by one of the nurses to attend a woman in the wards who had given birth to the child but, after fifteen minutes, the placenta was still

* See Transactions 1870-1880, back part of this number.

found to be retained. While he was making pressure on the fundus, after Crede's method, the uterus, with placenta attached, suddenly inverted with an audible snap. A large quantity of blood was lost before the placenta was detached and the uterus reposited. A strong solution of carbolic acid was injected, nourishment was given and tonics prescribed, but within forty-eight hours patient died. I do not think it advisable, in such cases, to use very strong solutions of astringent drugs. The carbolic acid was, in this case, intended as an antiseptic. I fear that its strength was such as to make it an astringent, and it probably did more harm than good. Death undoubtedly occurred from shock.

Dr. Wm. Geoghan reported a case of inversion of the uterus that occurred in the practice of a physician of this city, which was attributed to large and repeated doses of ergot. There was, at first, no response from the ergot, but it suddenly acted with great effect, causing complete inversion of the uterus and much hemorrhage. The patient recovered.

Dr. John Thompson: My preceptor, Prof. Budd, advised that after restoration of an inverted womb, padding should be placed on the abdomen, on each side of the uterus to prevent relaxation of the womb and cause contraction.

Dr. Lewi: In the case I mentioned, contraction of the womb had occurred before inversion, as the uterus could be felt hard and unyielding when first pressure was applied. There must, of course, have been a sudden relaxation and atony of the uterine walls to have allowed of this inversion.

Dr. P. B. Collier: It is my invariable custom to grasp the uterus after labor, avoiding downward pressure, and rather *lifting* the uterus, the other hand grasping the cord. After waiting twenty minutes or half an hour, if the placenta is not expelled, I introduce my hand into the uterus and break up adhesions, and if the uterine walls are soft, I let the hand remain until placenta and hand are expelled together.

Dr. Wm. Hailes, Jr.: Dr. Lewi's case is remarkable on account of the sudden atony of the uterus. It is always a gratification to find the uterus well contracted after labor. While we should be in no haste to remove the placenta, which is a natural tampon against hemorrhage, from a relaxed uterus, yet the cord is often too frail to permit traction on it to be an important factor in inversion. Inversion of the uterus is sometimes chronic, and sometimes the uterus remains exposed to the air, external to the genitals, and the mucous membrane becomes hypertrophied and dry.

Dr. G. H. Newcomb: I attended Mrs. S. in her fourth confinement; also, the three previous. In her first, she was attended by a midwife, but becoming quite exhausted and discouraged, I saw her and delivered with instruments. She had a good getting-up. Her fourth labor was unusually rapid, as delivery took place almost immediately on my entering the room; the pain that ruptured the membranes also brought the child. After tying and cutting the cord, I placed one hand on the abdomen, holding the cord in the other. Pressure over uterus caused contraction, followed by a gush of air which could be both felt and heard. Under pressure and manipulation of the abdomen, the womb seemed to contract properly. Thinking the placenta had had plenty of time to become detached, I commenced traction on the

cord; in a few minutes the uterus slipped from under my hand and was found protruding from the vulva, an inverted womb with a complete attachment of the placenta. I detached the after-birth, and reduced the uterus as readily and easily as the inversion had occurred. The usual proceedings were instituted to produce permanent contraction. Her recovery was as rapid as usual. She has had three children since, all quick deliveries. The last confinement, in April, 1881, the child died a week or more before delivery. The physician in attendance says the placenta was adherent, and required removal. I arrived too late to see the case.

THE DISPOSAL OF SEWAGE.

[*Continued from the April number.*]

BY WILLIAM R. ADAMSON, M. D., LAKE GEORGE, N. Y.

Under the treatment of sewage, we include the collection and removal of refuse matters, especially of human excreta, from habitations generally, and more particularly from large collections of habitations. We begin, then, with the deposition of excreta, and the places in which they are deposited.

In the first place, we will consider the system of *open middens* and *cesspools*. The former consists of simply a pit dug in the ground and open to the air, without any pretence of drainage, and serves as the receptacle of filth generally; the latter is used for excrement alone. Such pits are in gardens, yards, or courts, and may be used by one or many families, and are very often found in a very disgusting condition. In many places, after showers, these pits are flooded so as to overflow into gutters, or drain away as they can,—may be into the cellar or well. The ordinary covered cesspool is a pit lined with brick or stone work, or merely dug in the ground, and roofed over in some way. These receptacles, often of very large size, are placed under gardens, yards, streets, and even houses, and usually, even when lined with masonry, allow the liquid part of their contents to percolate into the surrounding soil; indeed, in many cases they are so built as to assist this escape in order that the solid contents may remain in a drier and comparatively less noxious state. Thus, it it is not to be wondered at that the fluid contents of the overflowed ashpit too frequently find their way through the mouldering walls which confine them, and spread into neighboring cellars, and often, perhaps more frequently than we imagine, into our wells. The depth of a well does not prevent its being tainted in this way; it does, however, afford a greater chance that the organic matters may be more completely oxydized, and comparatively harmless products formed, especially nitrates and nitrites. The first improvement on the old midden-pits is to

make them impervious, by lining them with cement, and rounding off the angles so as to make them concave at the bottom. Thus, at Nottingham this is done and the ashes are thrown in by a door at the side; here the pits are not drained, but are roofed over. The closets are not allowed to be less than 4 ft. 6 in. long by 3 ft. broad, and 7 ft. 6 in. high; their roof must be louvered, for ventilation, and the floor sloping, that it may be easily washed. The single midden-pit contains eighty cubic feet up to the level of the door-sill. The closets are lime-washed twice a year, and the pits emptied regularly four times a year. Slops must not be thrown into these pits, or they invariably become offensive. The best form of midden closet is the one in use at Hull. In this place there is no pit at all, but the space underneath the seat, between it and the floor, is the sole receptacle of the soil and ashes, which latter are thrown in with a scoop through a hole in the seat. The front board is movable, so that the scavenger may get at the contents with a spade. When these closets are used by decent people, they are clean, and the contents dry and inoffensive, as plenty of ashes are thrown in and the slops are thrown into the drains; but when used by several families they require to be emptied every other day. The scavenging system in Hull is good; the town is divided into forty-six districts, of from three hundred to seven hundred houses each; the contractors are paid by the value of the manure and by an allowance of from one to three shillings per year for each house. There can be no doubt, however, that any form of this plan is unadvisable, from the great expense of scavenging and the inconvenience caused by the frequent visitations of the scavengers.

In many continental towns where the cesspool system proper is followed, the huge pits, which are generally placed under the courtyards of the houses, are lined with cement, so as to be as impervious as possible; and in Paris and some other towns they must be provided with a ventilating shaft reaching up some feet above the roofs of the houses. The general rule is that they shall be so large that they only require to be emptied once in three or four months, and this is usually done by pumping the contents through hose into large cask-shaped carts, which are sent for the purpose at night, or by air-tight carts in which a partial vacuum is first created, so that the sewage is forced up into them, through the hose, by the pressure of the air.

The dry earth system. The principle of this system is that earth is the natural deodorizer of excremental matters. The first essential in the working of this system is that the earth should be dry; and the second, that it should be applied in detail; that is to say, that each particular stool must be covered at once with the requisite quantity of this dry earth. The mass remains inoffensive for two or three months, or even more. It appears that a certain disintegration of fecal matters and a combination between earth and the organic matters contained in the

excrement takes place. After a time, no excremental matter whatever can be detected. After keeping and drying, it may be used again many times with the same result, but it is not found that this repeated use is advantageous in an economical point of view. Dry clay or loamy surface earth are the kinds best suited for this purpose. Sand and chalk will not answer. It need hardly be stated that it is absolutely necessary for the proper working of these closets that no slops should be thrown into them. It is evident that, as in all other systems which keep the excremental matters from the sewers, a special arrangement has to be made for the treatment of other refuse matter which is too valuable to be lost, and which should not be allowed to run into a water course. As to the objection of Prof. Pettenkofer (*Lancet*, March 6, 1869,) that he fears the greatest danger from the earth system, especially as regards cholera, Dr. Buchanan points out that all the evidence from India, especially in respect to cholera, is in the opposite direction. Dr. Rolleston thinks that because the soil is deodorized it is not, therefore, innocuous, but the supporters of this system reply that presumption is in favor of the contrary opinion, and that no facts have been brought forward against it. Dr. Rolleston, however, in defence of his opinion, has quoted from the fourth annual report of the sanitary commissioner with the goverment of India: "Nowhere, I venture to say, is the dry earth system carried out to greater perfection than in the Punjaub gaols, but the fact remains that in spite of the most thorough deodorization of excreta, the contagion of gaol fever remains unchanged."

We have seen that in many towns it has been found advisable to connect the cesspools with the already existing drains; by this connection the principle of a cesspool is entirely abolished and its use not easily seen. In fact, if any part of the decomposing materials from excrement be allowed to pass into the drains of a town, it is difficult to see why the whole of it should not be allowed to do so. By interposing a cesspool between the privy and the drain, we form a collection of putrefying matter in the close vicinity of the house. On the other hand, by connecting the privy directly with the drain, the refuse matters pass immediately away from the house, and so from the town. This constitutes what is called the water-closet or carriage system, the details of which we will not speak of at present. So far as I can learn, it is considered by far the best.

The original idea of a sewer was that it was a large drain to carry off the rain and subsoil water of a town, and it was only secondary consideration that pointed out the convenience of making this drain a receptacle for refuse matters also. As a rule, it is usual, in constructing sewers, to lay them in the direction of the natural falls of the district, consequently the outfalls of sewers are almost invariably found to be located in the valley of a river or stream, which naturally provides for the drainage. But as it is advisable that the *sewage in no case should be allowed* to

intermix with the pure natural water of the country so as to lead to its pollution, provision must be made for purifying the sewage before passing it into the streams. The plan that has, hitherto, proved most successful in purifying the sewage of an inland town is that of utilizing it in its fresh state on properly prepared land, by intermittent downward filtration. Some soils appear to absorb the organic matters contained in sewage in a very perfect manner and allow very little escape of valuable matter; others, while still purifying the sewage, allow matter to escape which, perfectly inoffensive in themselves, still represent so much loss of valuable matter. The first thing to be attained is the purification of the sewage to such an extent that the effluent water might be safely allowed to flow into a water course; the next is the application of it as an agricultural manure in such quantities and in such a manner as to realize the greatest returns per ton of the sewage and per acre of land; and further, to do this in such a manner that the health of the inhabitants of the irrigated district shall in no way be affected injuriously by the process.

That this method of disposing of the sewage of a town not only fulfils these requirements (when properly carried out), but will pay a fair dividend on the capital invested is, I think, proved beyond dispute.

The condition of filtration is an absolutely essential one in any attempt at the purification of sewage. The success of the irrigation process entirely depends upon this. It is not sufficient to let the sewage run over the surface of the land among the crops, and to suppose that it may be purified in this way; it must not merely run on to the land, but through it. The process is, in fact, one of direct conversion of refuse matters into crops.

It is preferable, if possible, to obtain land on a lower level than that of the town to be drained, in order that the sewage may be discharged directly on to the ground and be distributed amongst the beds; but when this is impossible and land above the town is used, pumping will have to be resorted to in order to raise the sewage, which should be received into a tank or well which should be covered and supplied with a high chimney, for ventilation. After the sewage reaches the farm, the next thing is the most suitable manner of spreading it over the ground. From what I can learn, the best plan is to have the land divided into beds of, say, from thirty to seventy feet width, with an open central carrier, down which the sewage flows and at intervals is turned into small side channels, so as to come into contact with every part of the land. At Milan, the sewage is allowed to run all over the land, being confined by a bank around the farm, but this method does not answer so well, as the land becomes water-logged. Another plan is that of underground pipes, and hose and jet distribution. It is a plan that has been very successful on a small scale, but could never be used on a large one.

The conclusions arrived at by Dr. W. H. Corfield, Professor of Hygiene and public health, University College, London, are:

That by careful and well conducted sewage irrigation, especially with the application of small quantities per acre, the purification of the whole liquid refuse of a town is practically perfect, and has been ensured in cases where it was not at all the object of the agriculturist, and that it is the only process known by which that purification can be affected on a large or small scale; (*b*) that by it the value of land is enormously increased; that perfectly worthless land, blowing sea sand for instance, can be made in this way to support large and valuable crops; (*c*) that the quantity per acre obtained for all crops is enormously increased; (*d*) (*e*) (*f*) that, with all these advantages, it is no wonder that whenever sewage has not been wastefully applied, it has been found to pay, * * * * * and that when its management is more thoroughly understood, it will doubtless be found to be a valuable source of income to the towns.

As far as nuisance is concerned, there is no doubt that if irrigation farms are badly managed they may be made a nuisance to the neigborhood. Dr. Buchanan, in his recent report to the Privy Council, stated that the health of the children living in the irrigated districts, far from suffering, had actually improved.

[Dr. Adamson, in a letter accompanying this paper, from England (his late residence), to the president of the Tri-County Society, states that he has had opportunity of seeing, in detail, the system of sewage disposal by irrigation, which observation, together with assistance which he acknowledges from the writings of W. H. Corfield and Edwin Latham, is the source of his interesting paper.—Eds.]

Dr. James P. Boyd departed this life May 10th, at the ripe age of seventy-seven. Albany, his birth place, has always been his residence. He has been one of its prominent physicians, of the century with which his life has been almost co-existent.

He took his medical degree in 1825 at the University of Pennsylvania, and reached his semi-centennial in medicine five years ago. He joined this Society in 1828, along with Drs. McNaughton, Tully and Fredenburgh, the latter only now living. He has been connected with the Albany Hospital and Medical College, besides other educational institutions. He was a prominent member and officer of the First Presbyterian church. He has held a most important place in the profession here, resigned, of later years, for a quiet life fitting his advanced age. Although thus, in the order of nature, passing away full of years, his death will be sincerely mourned by all who have had his counsel and companionship, and by the profession which he has ornamented.

THE

MEDICAL ANNALS:

A Journal of the Medical Society of the County of Albany.

VOL. II. JUNE, 1881. No. 6.

A CASE OF PELVIC CELLULITIS, OPENING INTO THE RECTUM.

BY CHARLES F. HUDDLESTON, M. D.,

Resident Physician and Surgeon, Albany Hospital.

(Service of Dr. J. P. BOYD, Jr.)

Within the past three months, several cases of Pelvic Cellulitis have come under our observation at the hospital. All terminated in resolution, with the exception of one, the report of which I submit, thinking it may be interesting on account of its favorable termination, after having gone on to suppuration.

Case: L. J., æt. 35, married. The patient, for some time, has been quite overworked, and, about October 1, 1880, was attacked with severe pains in left iliac region; had also complained of chills. She was now obliged to remain in bed; had diarrhœa for about two weeks; the pain continued, with slight remissions, in the lower portion of the abdomen. At this time she looked for the return of the catamenia, which did not appear. The diarrhœa being checked occasioned a constipation, which lasted for three weeks. Had to urinate very frequently. Has had scarcely any sleep for about five weeks before coming into hospital, November 10, 1880.

When admitted, she presented a pale, anæmic appearance and was somewhat emaciated; had, also, anorexia. Exposing the abdomen revealed the presence of what seemed to be a tumor, situated in the left iliac region. On palpation, its boundaries

could be quite clearly mapped out, extending from the median line, a little below the umbilicus, to very nearly the crest of the ileum. It was very tender under pressure, and the percussion note was quite flat. By an examination, per vaginam, the mass was discovered, extending well down, forcing the uterus to the right side. There was considerable œdema of the vulva, and the parts about the anus were erythematous.

Hot applications, which had been used over the hypogastrium for about three weeks before coming to hospital, were continued, and, on the 14th of November, fluctuation could be made out. It was the intention to aspirate, but it ruptured spontaneously in two or three days into the rectum. The discharge continued for about a week.

The temperature, which before had been oscillating from 99° to 102°, had now fallen gradually until it reached normal. This remained so for about a week, when the patient had a chill, the temperature gradually rising to 101°, which oscillated for several days again. Pus discharged a second time through the rectum. Temperature gradually declined until again reaching normal.

The treatment in the foregoing case consisted mainly of tonics, in the form of quinine. She required considerable doses of morphine to procure rest. Hot applications were very faithfully kept up over the lower region of abdomen. Patient was discharged December 27, 1880, very much improved.

PELVIC CELLULITIS: FISTULOUS OPENING COMMUNICATING WITH THE INTESTINES.

BY JOHN THOMPSON, M. D., ALBANY.

The father of the person who is the subject of this sketch, a laboring man, died in his fifty-second year. While not robust, he had fair health most of the time. The older sister had cervical adenitis, with suppuration, and finally died of tuberculosis, at the age of 20. A brother, aged 20, while apparently strong, was taken with acute typhlitis, and in two days died of general peritonitis. A sister, at the age of 23, died, five years ago, of a lingering consumption, and another died last summer of some abdominal disease, just the nature of which I have not been able to ascertain. The mother is healthy, though in her seventieth year. Two sons and a daughter are living, and are in the enjoyment of good health.

I commenced to attend this woman twelve years ago last December, on the birth of her fifth child. After the birth of her sixth and seventh children, she had a soreness in her right inguinal region, on a line with Poupart's ligament; but, with rest in bed and warm fomentations, it subsided. Nine months after the birth of her eighth and last child, on January 6th, 1875, she had an attack of Pneumonia, with a return of the old soreness in her groin. I last saw her on January 11th, when I ceased my attendance. I learned afterwards that an abscess developed, and discharged through the rectum. This was some time in the spring following. During the summer, the patient made a good recovery, and went about her home duties as usual. On September 18, 1877, I was called to see the patient in consultation, as a few days before an abscess that had been forming for some months, had burst externally, and discharged very freely, with the discharging matter there being also discharge of the contents of the bowels. The shock was so great at the time that her friends thought that she was dying. I continued in attendance, with the hope of closing the opening, but without avail. After a few weeks, I ceased to see her any longer, the fistula continuing to discharge. She kept about, but all the time losing flesh and strength slowly, until the 27th of January, 1881, when, after a long and painful illness, she died. When in health, her weight was 150 pounds; a short time before her death she only weighed 80 pounds.

On January 28th, twenty hours after death, I made a post-mortem examination of the body. Externally, we found an opening in the median line, two inches above the symphysis pubis, that communicated with cavities within the body. Opening the thorax, the lungs were found bound to the walls by old plastic adhesions. In the right lung there was a large cavity in the apex containing matter; the left apex was undergoing softening. The heart was healthy. The liver was fatty, enlarged, and waxy. The spleen was thought to be normal. The kidneys, in our haste, were overlooked, and I cannot say any thing about them. The stomach was very much reduced in size; in fact, it was no more than a continuation of the duodenum to the œsophagus; the greater and lesser curvatures were all straightened out. For some months before her death, it was with much difficulty that she managed to keep a small amount of nourishment down, as there was a constant tendency to vomit. On one occa-

sion she cut an oyster in halves, and swallowed them. In twenty hours after, they came out through the fistula, without any trace of digestion having taken effect on them. The pancreas was nearly absorbed. Continuing the examination of the small intestines, downwards, we found a loop of the ileum bound by inflammation to the anterior face of the womb. By tracing the cloaca from the opening in linea alba, the line was upwards and outwards to an abscess cavity of about ten ounces capacity. Opening into the cavity was the appendix-vermiformis, with a flange-like thickening that looked as though nature was trying to substitute a sphincter to the opening. Through this opening came the contents of the bowels, though, for the last year of the patient's life, the most of the discharge passed through the rectum. The injection of water into the opening, during life, distended the abscess cavity on the right side so painfully that the patient would ask an assistant to make external counter-pressure; after a time the water drained off by the rectum. Directly beneath the fistula a loop of the ileum was imperviously constricted by a band of adventitious membrane, but by an artificial channel feces and fluids found their way to the colon, and were passed by the rectum. In the left inguinal space there was a small cavity containing about four ounces of pus, the outlet of which led to the central opening over the pubes. The womb was normal in size and healthy. In the left broad ligament was a small ovarian cyst about the size of a healthy kidney. The base of the bladder was closely adherent to the inner and upper surface of the symphysis pubis and the anterior face of the uterus.

Many causes are assigned for pelvic cellulitis, such as rupture of an ovarian cyst, undue violence or blows, or injuries upon the abdomen; surgical procedure of any nature about the vagina or womb, or injection of fluids into the cavity of the uterus. In this case that I have just reported, I have no doubt that hereditary tendency entered into the etiology of the disease, the character of which has been already referred to.

Discussion.

Dr. A. Van Derveer: I have seen the case of Dr. Thompson's, and remember the patient. Links of tape-worm would occasionally escape from the fistulous opening. The case was regarded as perityphlitis, and the damage done by the inflammatory products, the impervious constriction of the ileum, the burrowing

of pus, and the nodular indurations show the necessity of early surgical interference to evacuate the pus. In my experience, the diagnosis between inflammatory nodular adhesions and carcinoma cannot be decided by the temperature nor by bi-manual examination of the mass. Regard must be had to the constitutional symptoms before we can establish a diagnosis.

Dr. WILLIAM HAILES, Jr.: The pus must have burrowed in and about the tissues, and traversed from the right to the left inguinal region, and by the extensive inflammatory processes the intestines became agglutinated together. The abscess, at length, chose for its exit a point in the linea alba. Why did it open in the mesial line? Probably because here the walls of the abdomen are least resistent, as we are aware that in the development of abdominal walls in the embryo the parietes fuse together at a comparatively late date along the linea alba.

Dr. MAURICE J. LEWI: Dr. Emmett, in his last edition of the "Principles and Practice of Gynæcology," relates a fact which has probably never before boen referred to by authors. When the seat of the inflammation in cellulitis has been in the broad ligament, the ligament becomes shortened, and the neck ot the uterus is drawn to the affected side. The healthy side then becomes more pendent; the circulation increases in quantity, but becomes more sluggish; inflammation of the former healthy side ensues, and, if its seat, as is usually the case, be in the broad ligament of that side, that, too, shortens, and an equipose of the organ is again established. During the process of the disease, a curved pessary, so moulded as to lift the uterus to a plain in the pelvis where traction will be equalized, will be found of great benefit to the patient. It is claimed by prominent statisticians that, in a large number of cases, the menstrual flow increases after cellulitis. Seven cases have come to my attention whilst gleaning statistics regarding menstruation; in three the menses have ceased entirely, after attacks of originally left pelvic cellulitis, in two the flow was much lessened and irregular, and in two no change was noticeable. Six of these cases from some cause or other commenced on the left side.

Dr. L. HALE: The fact referred to, that pelvic cellulitis is most frequent on the left side, may, in puerperal cases, be accounted for by the pressure of, or by counter pressure inflicted against, the child's head in the left side of the mother.

Dr. J. E. HALL: A year ago last May I was called to a case of pelvic cellulitis, with peritonitis. The remarkable point in this case is that during suppuration, for about four months, hypodermics of two grains morphine, two or three times a day, were necessary. She now has the habit of taking exceedingly large doses by the stomach.

Dr. P. B. COLLIER: A patient, 45 years old, had ovarian neuralgia for a number of years; there was retroversion of the uterus, but great irritation forbade the use of a pessary. For several years, about two ounces of pus was discharged, per vagi-

nam, every few months. No opportunity was had for vaginal examination at such times. There was no indication of peritonitis, further than circumscribed tenderness over the region of the ovary. Subsequent vaginal examination revealed tenderness of cervix uteri and adjacent cellular tissue, with induration. Was this a case of circumscribed pelvic cellulitis?

RÖTHELN.

BY F. C. CURTIS, M. D., ALBANY.

During the last few months, there has developed in Albany an epidemic of Rötheln. It is the first time the disease has ever come under my notice, and I presume this is equally true of almost all of the profession here, a few only having observed it in other localities. To my knowledge, no epidemic of it has ever occurred before in this city, and it is not likely to exist sporadically. It is a rare disease in this country, and was observed for the first time, in the winter of 1873–4, in an epidemic which occurred in New York city.

As to the epidemic as observed here, the first case that I saw came under my observation by the kindness of Dr. T. M. Trego. On the last day of February, he requested me to visit with him the house on Snipe street used by St. Agnes' School as a quarantine hospital for the sequestration of any case of contagious disease that might occur in the school. There were here six or eight scholars, 12 or 14 years of age, who had been brought in within a couple of days, having all been taken ill in quick succession with an eruption disease, which was found to be Rötheln. One of the young ladies was from Jersey City, and, from the fact that the disease was reported to be prevalent there, I inferred that it was probably imported here through her. This, however, could hardly be the case, for I have since learned that almost simultaneously with this outbreak in school cases were observed about the city. I have not, however, been able to find that it was seen here prior to the time I mention,—the last of February. The epidemic seems to be already waning. Without speaking of these cases in detail, I will say a little regarding the disease in general, and as I have observed it.

Rötheln (or German measles, hybrid measles, scarlatina morbillosa, or rubeola notha, other terms applied to it,) is an acute eruptive disease, running a uniform course, propagated by con-

tagion only, and occurring but once to the individual, prevailing epidemically. It is to be classified among the exanthemata, being itself a disease *sui generis*, and in no way related, causatively or otherwise, to the other diseases of this class. Its literature is very meagre. Even European writers have but little to say about it, although it has prevailed, especially in Germany, for years, in epidemics of limited area. The second edition of Day, on diseases of children, issued this year, devotes three pages to it, and is not at all satisfactory. The best dissertation I have seen on it, showing most accurate observation, is an article by J. Lewis Smith, in the first issue of the *Archives of Dermatology.*

Epidemics do not appear to be of wide extent or of long duration, and its virus is not apparently of protracted viability. It is preëminently a disease of childhood, occurring, for the most part under the age of puberty, adults being very seldom subject to it.

The incubative period is somewhat variable. The actual time of exposure cannot often be determined; but, from my observation, I should put it at, generally, one week. Dr. S. B. Ward tells me he has seen it more at two weeks. Smith's forty-eight cases show the incubation to be from one to three weeks, the shorter period being the more common. In this variableness it resembles scarlatina.

The onset: It is to be understood, and may be stated well here before noting the symptoms in order, that this disease is a mild one. Many cases will be so trifling as not to come under the observation of the physician. Its interest lies mainly in its diagnosis from the other eruptive affections. Aside from its interest as a new disease, it is to be considered, then, in connection with measles and scarlatina, which it most resembles. The premonitory stage, or initiatory fever, is short and slight. It consists, when present, of mild febrile disturbance, beginning with slight rigor, possibly vomiting, headache. It is more likely, however, that there will be simply a slight malaise that is overlooked, and only recalled afterwards when enquired for. The duration of this stage, when developed, is about twenty-four hours. This is probably its natural period, but often is recognized only a few hours before the eruption. Many times it will not be noticed at all, the eruption of the skin first attracting attention.

Eruptive stage: Herein lies the chief interest. As to its appearance, in many cases it is very similar to measles, which consists of circular, rather dark red patches, with healthy spaces between. I have seen three different forms of eruptions. First, that resembling measles, the skin being covered with red patches, largely confluent, with healthy skin between their circular margins. It is quite like measles, but differs in this respect, that it is distinctly brighter red, more scarlet in color. It does not entirely fade under pressure. Second, some cases are characterized by a continuous efflorescence like that of scarlatina; in fact, it resembles scarlatina more than the first does measles. The only point of distinction that I know in such cases, so far as the eruption goes, is that there is not that prolonged fading usually remaining after pressure or running the finger over the skin in scarlatina. Third, I have seen one or two characterized by scattered papules the size of a split pea, somewhat inclined to group; the papular appearance as such is, however, only to the eye, for to the touch there is no perceptible elevation. Such a case in the person of an adult, in a locality near which small-pox had existed, caused considerable apprehension that it was small-pox. This is the only case I have seen in which the patient was of adult age. Three weeks previous a child had an eruption, but little noticed at the time. A week later another was taken, also trifling and little noticed, and finally this case, the cook. She felt somewhat ill Saturday, May 7th; went to early church on Sunday, and felt faint there; eruption showed during the day. When I saw her the day following, she had a little heat of skin, pulse 110, tongue a little coated, but she did not feel so sick but that she could attend to a part of her work. This third form of eruption is, perhaps, to be regarded as merely a modification in form of the first, but may be borne in mind as a possible peculiarity.

The eruption first appears on the upper part of the body and arms. There is redness, in patches, on the roof of the mouth and in the throat, and, no doubt, this is the eruption also. I should think it likely that it might be found here before appearing on the cutaneous surface. Starting above, it invades successively the lower parts of the body. This regular development over the body distinguishes it from a simple roseola due to digestive disturbance. It fades away in from three to five days, remaining longer if the child is kept warm in bed, and possi-

bly showing later after being heated by exercise. Sometimes a little desquamation follows its disappearance; generally there is none.

Other symptoms: There is a little coryza and lacrymation, with suffusion of the eyes, along with redness of the throat, referred to already. This affection of the mucous surfaces is pretty uniformly present, though generally slight and often hardly noticeable. It lasts during the cutaneous eruption. There is moderate febrile action. The temperature is about 100°, material rise above that being very exceptional. The pulse is about 110, or less; is never rapid. The fever is always mild in uncomplicated cases; much less so than the often striking amount of eruption would lead one to look for. The tongue is moist and coated with slight fur. It continues so through the disease. The appetite is impaired; there is a little sense of weariness, and the slight malaise to be looked for with the amount of febrile disturbance. This is not sufficient, however, in the majority of cases, to confine the patient to bed. Of the scholars quarantined in the Snipe street house when I visited it, but one was in bed; the rest were at their books or amusements. The disease has about the degree of severity of a slight cold, in the greater number of cases. The valuable observation is made by Dr. J. P. Boyd that, quite uniformly, the post-cervical glands are enlarged and tender.

Diagnosis: This is the important feature. It is likely to be mistaken for measles and scarlatina only. Small-pox would be only suggested in such an exceptional case as I have noted, and the simple erythema due to digestive disturbances has but little resemblance to it generally.

It may easily be mistaken for measles. Measles is almost never so mild a disease as most cases of Rötheln, either in degree of fever or malaise. It has a period of invasion always much longer, and it is decidedly marked, whereas, in Rötheln it may be unnoticed. This alone is enough to distinguish them. I think a fair point in diagnosis of the eruption is the dull, deep-red color of measles, contrasted with a light, more scarlet redness of Rötheln, the eruption of the latter being also less uniformly distributed on all parts of the body, and not showing the slight elevation perceptible with measles. It has features much in common, though, besides the eruption, in the slight coryza, sometimes cough and the coating of the tongue.

From scarlatina most cases are to be readily distinguished by the eruption, but some have the scarlatinous effloresence, which, with the short initiatory fever, may make diagnosis sometimes difficult. The mildness of the attack may be a point of difference. One case sent into the St. Agnes School quarantine as scarlatina was found sitting up, reading and feeling very comfortable. She had quite a scarlatinous eruption. There is not the exceedingly rapid pulse uniformly found in scarlatina. The appearance of the tongue is diagnostic, as its coating never exfoliates, showing the red raspberry look of the scarlatina tongue. There will usually be no difficulty in distinguishing between the two diseases.

Rötheln is undoubtedly a disease *per se*. It is neither a hybrid measles nor a mild scarlatina. It is seen that there are enough points to distinguish it from both diseases. But, besides this, it propagates itself, developing from a like case and running its own epidemic course. The conclusive evidence, however, that it is not a modification of those diseases is that they are not mutually protective. Repeated observations, here and elsewhere, in asylums, schools, and private families, have shown that it occurs before and after these diseases. There is no question of the fact that it is a disease entirely distinct from these, a disease of itself.

BRIEFS AND ITEMS.

Spontaneous and Apparently Hereditary Dislocation of Crystaline Lenses.—Reported by Dr. Thos. Featherstonhaugh.—A gentleman, aged about forty, has dislocation of his lenses. In the right eye the *ectopia*, as it is called, is outwards and downwards; in the left, upwards. The border of the lens in each eye encroaches over one-half of the pupil. He, however, can make no use of his natural lenses, and wears ordinary cataract glasses. He has had about the same condition of sight, so far as he knows, from the time of his childhood, and knows nothing of any injury ever happening to his eyes.

His little daughter, aged nine, has the same condition of affairs, with some trivial modifications. The right lens is displaced downwards; the left, downwards and outwards. The lenses are so far in position that she makes use of them, and her refraction is highly myopic, as is usual in such cases. She, of course, has no accommodative power, and is compelled to remove her glasses for near points. Both father and daughter are flat footed, rachitic individuals.

Scarlatina, as is to be expected at this season of the year, is

prevailing in various parts of the city. It has been observed especially, perhaps, in the western section. As far as known the type is of moderate severity.

CAROBA is reported favorably on in ulcerative tertiary syphilis. Details of experience will be given later.

APPOINTMENTS: The following additions have been made to the staff of St. Peter's Hospital, recently: Dr. D. V. O'Leary and Dr. M. R. C. Peck to the medical, Dr. S. R. Morrow to the surgical side, and Dr. John J. White to the eye and ear department. The dispensary is to continue, as in the past, a prominent feature. It is attended by the regular hospital staff and the work divided into various specialties; is open every week-day at 12. The new men will find work before them, and they are competent for it.

Dr. H. BENDELL is to be congratulated on his election to the Presidency of the Board of Public Instruction. There are now four physicians in the Board.

Dr. HEUSTED and Messrs. FERGUSON and C. H. GAUS were delegates to the State Druggists' Association, the third convention of which was held at Buffalo this spring.

Messrs. PARKE, DAVIS & Co. had an extraordinary display of their manufactures at Richmond, during the meeting of the American Medical Association, last month, far exceeding their fine one here in February.

REVIEWS AND BOOK NOTICES.

MEDICAL ELECTRICITY. A practical treatise on the application of electricity to medicine and surgery. By Roberts Bartholow, A. M., M. D., LL. D., Professor of Materia Medica and General Therapeutics in the Jefferson Medical College of Philadelphia, etc. 8vo. pp. 262. Philadelphia: Henry C. Lea's Son & Co.

Before us lies Prof. Bartholow's last book, upon a subject so essentially needed by both the student and practitioner, one, we might add, but seldom taught in our medical schools, a branch of medicine, in fact, about which the average medical man knows but little. The present volume equally sustains the reputation of its author, as well as the high character of the admirable series of works coming from his pen. We do not commend it for any absolute originality of thought or novelty of information, neither of which enter into any claims of Prof. Bartholow, but simply as a work "regarded," to use the author's terms, "as the

exposition of electricity, for remedial purposes, made by a medical practioner, for the use of other medical practioners." The following is a condensed summary of its contents, and is, we think, well worth perusal:

The work is divided into an introduction, comprising the various modes of electrical force, beside a definition of the term "medical electricity." Immediately following comes a systematic classification of the subject into six parts, each part being subdivided into chapters, the latter exhausting the subject matter of the part in as condensed and terse a manner as would seem possible. For example, to part first is allotted the subject of Electro-Physics, under which we find eight chapters, treating of, I., Magnetism; II., Static Electricity; III., Dynamical Electricity; IV., Forms of Galvanic Combinations; V., Electro-Magnetism; VI., Magneto-Electricity; VII., Electro-Magnetic and Magnet-Electric Batteries for Medical Use; VIII., Care of Batteries, Galvanic and Faradic; Manipulation. Under part second we find treated the subject of Electro-Physiology, comprising again, eight chapters on the following themes: I., Animal Electricity; II., Action of the Galvanic Current on Motor, Sensory, and Mixed Nerves; III., Action of Induced or Faradic Currents on Motor, Sensory, and Mixed Nerves; IV., Action of Galvanic and Faradic Electricity on the Sympathetic and Vaso-Motor Systems; V., Action of Galvanic and Faradic Electricity on Muscle—Striated and Non-Striated; VI., Action of Galvanic and Faradic Currents on the Cerebro-Spinal Axis; VII., Action of Galvanic and Faradic Currents on the Pneumogastric Nerve and Heart; VIII., Action of Electricity on the Special Senses. Electro-Diagnosis heads the third part, under which we find two chapters the first devoted to Electro-Contractility; the second, to Electro-Sensibility. Part fourth, with Electro-Therapeutics as its subject, is divisible into nine chapters: I., Electricity in Cerebral Affections; II., Electricity in Spasm and Cramp; III., Electricity in the Paralyses; IV., Electricity in the Treatment of Pain; V., Electricity in Anæsthesia and Analgesia; VI., Electricity in the Vaso-Motor and Trophic Neuroses; VII., Electricity in Constitutional Diseases; VIII., Electricity in Local, other than Nervous, Diseases; IX., Static Electricity—Its Therapeutical Applications. Part fifth is devoted to Electricity in Surgery. Two interesting Chapters, one on Electrolysis, the other on Medical Electric Lighting and Heating, exhaust this portion, while the last part (part sixth), completes the whole subject of Thermo-Electricity, in two chapters. The first, upon a description of its principles; the last showing the utility of the thermo-electric pile in medicine. The remainder of the volume contains a Note upon Battery Fluid and How to Amalgamate the Zincs, beside a complete index. The work, though not large, certainly presents an inviting appearance, having profusely scattered through its interesting pages some excellent illustrations, while the typography and paper, as well as binding, are

all one could wish for, and reflect credit upon its well-known publishers. F. T., Jr.

Books and Pamphlets lately received: "Diseases of Children," second edition, by William Henry Day, M. D.; "The Student's Manual in Histology," by C. H. Stowell, M. D.; "Report of the New York State Board of Health;" "Nasal Stenosis," by J. O. Roe, M. D.; Bulletins of the National Board of Health. They will receive notice later.

EDITORIAL.

—Portraits for the Society Room.—We are very much pleased with the suggestion embodied in Dr. James S. Bailey's resolution introduced and adopted at the late Semi-Annual Meeting of the Albany County Medical Society, looking toward the collection and preservation of portraits of eminent members of the society. Indeed, we would not limit it by any adjective or to any degree of eminence, and perhaps the resolution does not. It would be pleasant to see a great many faces on the walls, of members who would, if living, modestly disclaim any special prominence in the profession. Our friendly regard for, or recollection of, them is not measured by that standard. It is sincerely to be desired that the committee appointed may be zealous in their efforts, and meet with coöperation and success in their attempts to secure as large a number as possible of portraits to hang upon our walls.

The suggestion was a most happy one, and it is strange it was never thought of before. The Academy of Medicine of New York having, not long since, gone into their new and permanent quarters, erected for themselves as their own, have secured many portraits, hung there in their most appropriate place of preservation, some doubtless by eminent artists, and placed there by family friends, the most speaking monument to their memory among those who will longest and best remember them, and increasing in value with years, as such works do. Our society has become established in permanent quarters. We have the old law school wing of the Medical College, itself a constant conservatory of things pertaining to the profession, having already some portraits and tablets, a considerable library, to which a reading-room is to be added, and one of the best medical museums in the country. The building is under curatorship that

will be likely to guard such things zealously, and it is not as if we were tenants at will of those having no sympathy with these valuable things. It is also reasonably secure from fire, necessitated by its present contents. The rooms are to be still further fitted up and arranged. On these accounts, and as a medical centre, and from its central and quiet location, it will doubtless be the resting place of the society.

The society needs a new impetus of interest. Its meetings do not get that attention that they ought. And we will say, without fear of contradiction, that Albany will go down in estimation as a medical centre, unless more coöperative study is done. It is in society meetings, assisted by society committee work, that this is to be done. We must meet together to compare experience, and add what each learns to the common stock. This journal was intended to help this, but no journal and no printed matter will do what the meetings can; neither will the casual meetings of a few in an office or on the street. Through a good society, thoroughly supported, there will be the pull together that nothing can take the place of. Albany has plenty of bright, intelligent men in the profession, but they are tending to work individually or, at best, in small circles. It has not now the standing that it is entitled to, and it is surely because it does not work together so largely as it should in its more public way. And all idea that this is to be secured by some other or some new society is futile. None is better calculated to work the desired end than this general society, with all its machinery ready, and into which all may democratically come. No one can devise a better. It isn't a new society, but a *disposition to employ the existing one*, that is needed.

Which is not altogether to the point, but is an argument to the question: Adornments that make attractive our home, as it were, and especially such adornments as form our theme, will help with their new interest. It would be a constant pleasure to see about us the faces of those we have, not long since, had with us, some of them—the Drs. McNaughton, March, Boyd, Bigelow, Armsby, Quackenbush, Willard, Townsend, Babcock, Northrop, E. R. Hun, Lansing, Moore, the two Drs. Staats, and others further back, as, Drs. Beck, Bay, Williams, Tully and Wing. It is impossible to mention all the names that suggest themselves of old or recent time. The society has already a fine portrait, to start with, of Dr. Robertson, a loyal and beautiful present from

Mrs. Robertson. Will not the friends of many others of those who have been so closely a part of the society in the past make similar contributions? We hope the committee will be diligent in their efforts to bring the matter to their notice, and secure their favorable answer. They need not be oil paintings, necessarily; photographs, in a form to hang on the wall, will be acceptable. There is no reason why many of those living, of our present membership, should not be added, especially those who have reached their semi-centennial in the profession, but not necessarily omitting those younger. But let us, at least, try to secure the older while we may.

—A New Asylum.—The State of New York contains many asylums for the insane, but they are especially intended for the accommodation of two classes of patients—the rich and paupers. The great middle class is without any special provision. If they seek the benefits of a hospital for mental diseases, they are forced to pay large board bills at private institutions, if they do not wish to be classed among paupers. To be sure, one or two of the State hospitals receive pay patients at moderate rates, but their accommodation for this class is limited, and they only receive acute cases. It is, therefore, pleasant to note that a new institution is being erected, as a private enterprise, for patients of moderate means. It is to be located near New York city, and will accommodate 125 patients. We believe such an institution is needed.

—An Enquiry Needed.—Just now, when every legislature has forced upon it the necessity for greater accommodation of the pauper insane, and while the county alms houses all over the State contain unfortunate patients who need hospital care and treatment, would it not be well for our law-makers to enquire to what extent the State asylums are filled with private patients, to the exclusion of those who cannot afford to pay for proper treatment elsewhere? The annual reports of the State asylums do not give the number of private patients under treatment, but we gather from one report that, while nearly $51,000 was received from private patients, the counties paid for the pauper patients not quite $120,000. If it is fair to draw any conclusion from these figures, it is that nearly one-third of the patients are private. The receipts from this class will never pay for the erection of buildings to accommodate those who are thus crowded out.

THE MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

SESSIONS OF 1880–81.

Abstract of the Minutes of the Stated Meeting of February 9th, 1881.

The fourth intervening regular meeting was held in Alumni Hall, Albany Medical College, on Wednesday evening, February 9, 1881.

After approval of the minutes of meeting of January 26, 1881, the President, Dr. A. Shil[illegible]nd, called the Vice-President, Dr. W. Hailes, Jr., to the chair, and presented to the society reports of cases of Inversion of the Uterus.

The paper was discussed by Drs. Maurice J. Lewi, J. P. Boyd, Jr., William Geoghan, F. C. Curtis, John Thompson, P. B. Collier, W. Hailes, Jr., and A. Van Derveer.

The report of a case of Pelvic Cellulitis was read by Dr. C. F. Huddleston, and the history of another case was given, and the specimen presented by Dr. John Thompson.

Discussion followed by Drs. D. H. Cook, A. Van Derveer, J. P. Boyd, Jr., Maurice J. Lewi, Lorenzo Hale, J. E. Hall, John Thompson, and P. B. Collier. Further discussion was postponed to the next meeting.

Adjourned.

LORENZO HALE,
Secretary.

Abstract of the Minutes of the Stated Meeting of February 23, 1881.

The sixth regular intervening meeting was held at Alumni Hall, Albany Medical College, on Wednesday, February 23, 1881.

Vice-President Dr. William Hailes, Jr., in the chair.

Discussion on Pelvic Cellulitis was resumed by Drs. John Thompson and W. Hailes, Jr.

Dr. B. U. Steenberg was called to the chair, and Vice-President Dr. William Hailes, Jr., read a paper by Dr. X. T. Bates, of New Lebanon, reporting a case of Bacteria in the Bladder.

Discussion by Drs. T. Featherstonhaugh, William Hailes, Jr., F. C. Curtis, E. A. Bartlett, N. L. Snow, and J. Thompson.

Adjourned.

LORENZO HALE,
Secretary.

THE

MEDICAL ANNALS:

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A CLINICAL STUDY OF PROLAPSUS UTERI.

[From a lecture at the Albany Hospital.]

BY JAMES P. BOYD, M. D.

The patient is a married woman over seventy years of age, and comes to us seeking relief for a disease which has existed for many years. As she is not very intelligent, I have not been able to learn much of her history, except that she has always been obliged to work hard to support herself and children, and has never suffered during her menstrual life from uterine diseases. Her pregnancies, so far as I have been able to learn, have been natural. In fact, she has been so reticent in regard to her condition that it was some time after her arrival in one of our charitable institutions before any uterine disease was even suspected. When I show you the present condition of the genital organs, you will be surprised that so well-marked a displacement of the uterus could exist, and yet the patient be able to move about with such apparent ease and freedom. After a rigid questioning, I finally elicited these symptoms from the patient: Something came down between the thighs, and at times there was painful ulceration and constipation. There was also leucorrhœa, and at times locomotion was difficult. As the patient lies on the table in Sims' position, you first notice a red globular mass projecting from the vulva. This is the displaced uterus dragging along with it the vagina, inverted, a portion of the bladder and rectum. The vagina, turned inside out, forms the investment of the swelling, but it is so changed as hardly to be recognizable. It is very much relaxed, has lost its elasticity, and the rugæ are

absent. The surface is smooth, dry, and covered with a thick layer of pavement epithelium, and resembles epidermis. Long exposure to the air, chafing against the thighs and dress and irritation from the urine have not only produced this peculiar leathery condition of mucous membrane of the vagina, but also the ulceration which you see here of considerable extent and bleeding easily. The dependent position of the vagina has, on account of the stagnation of the blood, induced, also, hypertrophy, from infiltration and retention of serum in the connective tissue. The continued stretching has smoothed out the rugæ. The lips of the os uteri exterum have become everted by the descent of the uterus and inversion of the vagina, and are covered with ulcerations. The uterus can be plainly felt through its sac of inverted vagina, and the shape of fundus and cervix readily made out with the finger. The relations of the bladder and rectum to this displaced uterus may readily be ascertained. A catheter can be passed backwards and downwards and into that portion of the bladder forming a part of the anterior wall of the tumor, and the finger introduced in the rectum will easily make out its relations to the posterior wall, so that we have here not only displacement of the uterus downwards, or procidentia uteri, but also cystocele, rectocele, and inversion of the vagina. An examination of the pelvic cavity will verify the diagnosis.

There are those who deny the existence of displacements of the uterus, and few subjects in medicine have excited keener controversy. Of course, if the usual means for examining the pelvic organs be ignored, it is easy to understand how doubt may prevail in the minds of physicians with reference to the subject. By displacement we mean the removal of the uterus from its usual position by some more or less persisting cause. This definition, taken from Barnes' work, will answer our purpose. The uterus may be displaced upwards, downwards, to either side, forwards, backwards. This case belongs, then, to the second class of displacements. From the fact of its frequency, and because it affects not only the comfort but the usefulness of the individual, falling of the womb has always been looked upon with dread by women. The term prolapsus uteri is applied to those forms of displacement where the uterus sinks a variable distance in the vagina, whilst the term procidentia uteri is applied to the extreme degrees of displacement, in which the womb passes through and out of the vulva, as in the case before us.

Two years ago I was able to demonstrate on the cadaver before the class the exact relation of the parts concerned in procidentia uteri. As in this case the uterus, bladder, rectum, and vagina were situated outside the vulva. On opening the abdominal cavity and looking into the pelvis from above, a funnel-shaped cavity, partly filled with intestines, could be seen between the bladder and rectum, in the depth of which lay the fundus of the uterus, dragging down after it the Fallopian tubes and ovaries. As the uterus is fastened to the pubic bone by its attachment to the bladder, the consequence is that as it descends to the outlet it must revolve around the pubic bone as a centre, whilst the fundus rolls backwards, so that we have retroversion associated with prolapsus. Of course, as the bladder and urethra are necessarily dragged out of their positions by the descent and inversion of the vagina, great difficulty is sometimes experienced in voiding the urine. This is in a marked degree the case if the prolapsus has taken place suddenly. When, however, it has been brought about gradually, the connective tissue uniting the vagina and bladder may so yield and stretch as to prevent any distortion of the urethra. The position of the base of the bladder below the level of the meatus interferes with the free passage of the urine. There is consequently distension of the viscus and a tendency to stagnation of urine. Phosphates in abundance are found in the urine, and in some instances calculi have formed. Cases have been reported where, owing to the displacement of the bladder, the ureter has been compressed, leading to kidney disease. Martin, in a recent work, calls attention to the fact that we may have prolapse of the anterior wall without involving the bladder, in which case, he informs us, the connection between the uterus and bladder is very loose. The intestine gradually causes the wall to descend by pressure. This constitutes enterocele vaginalis anterior. The same process is met with in the posterior wall, and is called enterocele vaginalis posterior. The length of the uterus measured by the sound is about three inches. As the patient is over seventy years of age, you would naturally expect to find atrophy, instead of enlargement of the uterus. Not long ago I saw a patient in my office, about fifty years of age, with a similar displacement, but the uterus measured even less than two and a half inches, indicating atrophy. The cause of the increase in the size of the uterus can be easily determined by a careful examination of the mass

as it lies outside the vulva. The fundus uteri is of normal size, but the cervix can be felt elongated and thinner than usual, which may be accounted for partly by senile atrophy and partly by the continual stretching and constriction to which it is liable, on account of its position between the bladder and rectum. Levret, in 1773, described a peculiar condition of the neck of the uterus, which has often been confused with procidentia uteri, viz., hypertrophic elongation of the cervix. Cruveilhier, Virchow, Huguier, and Stolz also described with great minuteness this occurrence and also the connection between prolapsus and hypertrophic elongation of the cervical portion of the uterus. Two forms of hypertrophic elongation of the cervix are described,—one which occurs in women who have never borne children and another form occurring after childbirth. In regard to the first of these forms, it occurs in very young women, and, although generally observed in married women, may have existed before marriage, although not recognizable. The shape of the cervix is conical, and resembles a polypus in some respects. It acts as a foreign body in the vagina. The length may be one inch or more. Sometimes the vagina itself is short, thus aggravating the trouble. The length of the cervix can be measured by the sound and touch, which shows that the body of the uterus is of the normal size, and occupies its usual position. The length and position of the cervix, even in the vagina, expose it to friction against the vaginal walls; consequently it becomes congested, inflamed, and, perhaps, ulcerated. We have as results leucorrhœa, dysmenorrhœa, and menorrhagia. Marriage under these circumstances only increases the sufferings of the woman.

If we now look at the second form of hypertrophic elongation of the cervix, we find that it is the common form, and occurs in women after childbirth. A perfect understanding of the conditions existing in the genital organs immediately after the birth of the child will render easy the appreciation of the causes leading to this form of hypertrophy. We have already seen how a congested condition of the uterus and its appendages, if not relieved, will soon lead, by successive steps, to inflammation and proliferation of connective tissues. We have then endometritis vaginitis, metrorrhagia, dysmenorrhœa; these are a few of the results of subinvolution. Further, we have follicular inflammation of the cervix. Prolapsus follows, caused by the increased bulk of the uterus and the relaxation of the vagina and its attach-

ments. Owing to the inflammation, the os exterum remains patulous, and renders the cervix liable to still another change, viz., eversion. The mucous membrane of the cervix, which is very hyperæmic and liable to injury during labor, from its position, becomes very much swollen; consequently there is an effusion of serum and fibrin into the submucous layers. The increased growth induces hypertrophy of the villi, and the mucous membrane may be seen projecting from the os uteri, often ulcerated. Doubtless laceration of the cervix still further complicates the condition. Two forces, downward pressure of the bulky uterus and the pulling up of the cervix by the vagina and attachments to the bladder tend still further to promote eversion. Laceration of the cervix, as Emmett has shown in his admirable treatise, undoubtedly plays a very important part in the production of hypertrophy and eversion of the cervix uteri. In regard to the mechanism and pathology of this form of displacement there is still great doubt in the minds of gynecologists, although no subject has been more carefully studied than this.

If we look at the causes of prolapsus and procidentia uteri, we find, first, that the uterus has been increased in weight by pregnancy, tumor, or hypertrophy. The natural supports are perfect, and there has been no violent muscular effort to account for it. The descending uterus presses upon the bladder and rectum, and pulls upon all its ligaments, and induces congestion and inflammation. Second, the uterus has been displaced by some violent muscular exertion, as by lifting heavy weights, by cough, or by tenesmus of rectum due to obstinate constipation. Third, the woman has a very large pelvis, which may have caused before this precipitate labors, or she is advanced in years, and there is senile atrophy, not only in the tissues about the vagina, but also in the pelvis; in addition, the perineum may be ruptured, allowing the vaginal walls to prolapse. The broad ligaments are dragged downwards; the veins in the pelvis and about the vagina are compressed; the presence of the uterus low down in the pelvis causes not only rectal and vesical tenesmus, but by its pressure on a perineum perfectly sound finally dilates and stretches until the relaxation favors further descent. Fourth, according to some authors, the prolapse of the uterus is secondary, produced by prolapse of vaginal walls.

Prolapsus uteri is most frequent in women who have borne children; in fact, seems to increase in frequency in proportion to

the number of births. It may occur, however, in virgins, and cases of complete procidentia, from falls, are well known. The conditions resulting from labor, of course, from their increasing uterine weight and relaxing uterine supports, predispose the organ to this condition. The symptoms of prolapsus and procidentia uteri are dependent, in a great measure, upon mechanical interference of the womb with surrounding parts and the changes induced in its circulation and tissues, on account of its abnormal position. The most prominent symptoms are a sensation of weight in the pelvis, rectal and vesical irration, pain in back, fatigue from walking, leucorrhœa, and menorrhagia. The symptoms will vary, depending ubon the degree of displacement. They will vary also, depending upon whether the prolapsus has taken place suddenly (acute prolapsus), or has developed slowly (chronic prolapsus). When the accident has occurred in a woman before marriage, it is generally produced by a fall or blow, and there is more or less shock. The sudden stretching of the uterine supports is very apt to be followed by symptoms of inflammation of the peritoneum; there is severe pain over the abdomen, tenesmus of bladder and rectum, perhaps hemorrhage. The uterus may be driven through the hymen. In chronic prolapsus, however, these symptoms are not so severe, but still resemble those of acute prolapsus in many respects. The mass outside of the vulva may be strangulated and gangrene follow. This, however, is not common. Often I have found it necessary to apply hot applications to the mass, in order to relieve the congestion, before attempting to replace it, and then only after the parts were relaxed by ether. Rupture or laceration of the vagina is the danger dreaded when the uterus is replaced with too great force.

Prolapsus uteri is apt to be confounded with fibrous polypus, inversion of the uterus, and, as already shown, with hypertrophic elongation of the neck. The prognosis will be favorable in the early stages of displacement, and a cure can then generally be effected by proper medical and surgical treatment. When the displacement is due to a tumor, either abdominal or uterine, little can be done to cure the condition.

In the case before you we have complete atrophy of the pelvic cellular tissues and also of the tissues surrounding the vagina, owing to the advanced age of the patient, so that, although the uterus can readily be replaced, pessaries will avail nothing, so far

as a cure is concerned. The treatment may be said to consist in first returning the organ to its proper place and, secondly, retaining it there. In order to replace the uterus, whether in a condition of prolapsus or procidentia, the patient, after evacuation of the bladder and rectum, should rest on her chest and knees, in order to allow the pelvic and abdominal viscera to gravitate towards the diaphragm. If there be much congestion or inflammation of the uterus and vagina, hot cloths should be applied for a time, and then the cervix, grasped by the fingers of the operator, is steadily pushed in coincidence with the axis of the inferior strait. In some cases I have found it necessary to continue this operation for half an hour or more before the uterus was restored to its proper position. Ether is advisable in some cases. In order to sustain the uterus properly, the causes inducing the condition must be studied, and means appropriate to each used. In some cases pessaries of various kinds will answer. For this patient I will make use of a simple rubber ring, as I have found that it will support the organs well. To cure this case, however, it would be necessary to remove a portion of the mucous membrane of the vagina, and also narrow the vulva by introducing sutures. As the patient will not consent to the surgical treatment, we will be obliged to content ourselves with palliating the disease. The weight of the clothing must be removed by appropriate supporters. The relaxed vagina must be strengthened by astringent injections, and the patient's general condition improved. In cases of long standing, surgical procedure alone affords any permanent benefit. These are perineorraphy and colporraphy.

BACTERIA IN THE BLADDER; A CASE IN PRACTICE.

BY X. T. BATES, M. D., NEW LEBANON, COLUMBIA CO., N. Y.

C. P., resident of a neighboring town, aged 24 years, American, in a social position which necessitated no vocation as a means of procuring a livelihood, consulted me, some two years since, for a urinary difficulty, manifesting itself in a frequent desire to micturate, pain over the region of the bladder and along the urethral track, particularly during and just subsequent to micturition, and resulting in almost complete ostracism from

all social festivities and public gatherings. Her countenance wan and wearied, spirits dejected and melancholic, frame emaciated and anæmic, herself the victim of dyspepsia, a tearing cough, and neuralgia in its multifarious manifestations; all combined to make a doleful picture,—a good representation of "Forlorn Hope." I could obtain no satisfactory history of the case, she being unable to specify precise date or circumstances under which her difficulty first made its appearance, though added that she thought it came on immediately subsequent to an occasion when she neglected to obey a call of nature for an undue length of time, and yielded only to pain which she could no longer resist. Her mother, however, said to me that her daughter had suffered more or less from childhood, and that her disorder had gradually grown more and more annoying.

Medical advice and treatment had failed even to mitigate the severity of her symptoms. Attention had been directed to the uterus as the primary seat of the disease, and again to the lungs, where was now supposed to be an organic lesion, which was slowly, but surely, working mischief which must finally terminate in dissolution.

My examination revealed no disease of the chest, and, so far as enabling me to make a diagnosis, was only negative. I insisted upon no vaginal exploration, as I felt justified by my interview in discarding uterine complication sufficient to induce the morbid condition of my patient.

I prescribed mucilaginous drinks, a tonic of iron and strychnia, out-of-door exercise, and iodide of potassium, in doses of two grains, after each meal. This treatment was continued for a space of two months, but failed to effect any favorable change. Then I advised balsam of capaiba and frequent fomentation with hops to bladder.

After the expiration of a few weeks, in accordance with previous instructions, my patient again consulted me. There had been no improvement whatever. I then made a careful vaginal examination, but discovered no serious uterine displacement or disease. I requested to have sent me the following morning a quantity of her urine voided on rising. I subjected this to an analysis, and, for corroboration of the correctness of my conclusions, forwarded a specimen of the same to William Hailes, Jr., M. D., Professor of Histology and Pathological Anatomy in the Albany Medical College, for his analytical examination. He

reported as follows: "Specific gravity, 1026; color, yellowish red; reaction, acid; albumen, none; sugar, none; epithelium, squamous. I can find no traces of either albumen or casts. A slight flocculent deposit separates upon standing, composed of mucous and large quantities of squamous epithelium. The urine is swarming with living bacteria."

I at once directed my efforts to the expulsion of the bacteria, believing the accomplishment of such a result would completely remove the cause of her nervous prostration and physical sufferings. My treatment consisted of daily injecting into the bladder a solution of either chloride of sodium, chlorate of potash, or permanganate of potash. I used the double catheter, but plugged up the discharging orifice, in order to obtain a better expulsive force. This constituted my entire treatment, with the exception of a tonic composed of ferwein and iron, and covered a period of several months. Amelioration of the harrassing symptoms was at once apparent, and continued slowly until there was a complete and, as I think, permanent cure effected, inasmuch as nearly twelve months have expired since I discharged the patient, and during this time there has been, to my knowledge, only once a return of the urinary annoyance, and then in a slight degree. This was controlled by three bladder injections.

During topical treatment, microscopical examinations of the urine were frequently made, and showed a constantly decreasing number of bacteria. When my patient was discharged, there were present in the urine no bacteria whatever.

This lady during and subsequent to treatment rapidly gained in flesh and vigor. Her cheeks now wear the flush of health, and the vivacity of her spirits and the elasticity of her step now indicate the absence of any depressing or prostrating cause.

The question at once arises, How was the germ introduced into the bladder? Had the catheter been early used, we would venture the hypothesis that this instrument, in an unclean state, contained the germ, and deposited the same in the bladder. Perchance leucorrhœa may have developed the presence of bacteria, and through it the germ may have been conveyed into the bladder. Finally, may not the retention of urine have resulted in decomposition sufficient to produce the germ? In my perusal of works on general diseases I have noticed no similar cases recorded in reference even to the presence of bacteria in the bladder, or the propagation of bacteria within this organ, or the possible cause of inflammatory action.*

* Read before the Society by Dr. William Hailes.

Discussion.

Dr. Thomas Featherstonhaugh: It is not proven that bacteria were the cause of the vesical tenesmus and other symptoms. Relief was due to irrigation and treatment which improved the tonicity of the bladder. A constant desire to urinate and various nervous troubles occur in neuralgic cachectic people; when the cachexia is cured, the other symptoms disappear. Bacteria are harmless; they will generate in any specimen of urine, and are found in the urine passed recently or even in the bladder itself.* In this case the diagnosis rests on the examination of a specimen of comparatively stale urine, in which bacteria would almost certainly be found. I recently chanced to observe how readily these organisms develop, even under seemingly unfavorable conditions. I had a vase of water in which some flowers had been placed. The temperature of this water must have been quite low and not very much above the freezing point a great part of the time. On examination, the water was swarming with bacteria. The theory advanced in the paper is ingenious, but untenable. The patient was cured by treatment which would ordinarily cure cystitis, without bacteria.

Dr. William Hailes, Jr.: When bacteria generate in urine that has been standing, the urine becomes alkaline from decomposition. But, in the case reported, bacteria were present in *acid urine.* Bacteria are not present in the normal secretions of the human body, excepting those adjacent to the skin and upon mucous membranes opening upon the skin. I am inclined to think that cystitis was caused by the presence of bacteria in the bladder, and we know that certain species of bacteria will often produce most intense irritation.

In the case reported, tonic and hygienic treatment had been faithfully and persistently tried for months, but the marked improvement followed the disinfectant local treatment of the bladder, coincident with the gradual disappearance of the bacteria. Wagner says, in some cases of cystitis, bacteria are present in the bladder. We often cannot distinguish between the friendly or scavenger bacteria, as, for example, those which occur on the proximal surfaces of the teeth, and those of disease, as, for example, the bacteria found in the virus of small-pox, pyæmic abscesses, splenic fever and the like.

Dr. F. C. Curtis: Of what variety were the bacteria found in the case reported?

Dr. Hailes: They were the rod bacteria, the micro-bacteria of Wagner's classification.

Dr. Curtis: It seems that these germs may be found in water at a low temperature, as Dr. Featherstonhaugh has reported, and it would not be remarkable if they should be found at this season in urine soon after being voided.

Dr. Hailes: Some species of bacteria, if inoculated in the body, cause death in twenty-four hours, as in splenic fever.

* Carpenter, on the Microscope, p. 693. Archives of Medicine, Feb., 1879, p. 51.

Some varieties of bacteria die at the temperature of boiling water, but, if simply dried, may retain their vitality even six weeks. But the minute spores are often invincible. They can be frozen repeatedly, dried and moistened again, or plunged into putrefying matter, and after years they still retain vitality, and, upon inoculation, may produce death in twenty-four hours. They cease multiplying for a time, when all pabulum is exhausted from the fluid containing them, but revive again upon the introduction of fresh nutritive material.

Dr. CURTIS: Cystitis and vesical tenesmus would naturally be relieved by the local treatment adopted, apart from any antizymotic action of the agent used. If cystitis were developed by bacteria, might we not expect more serious and more ineradicable results than mere vesical tenesmus?

Dr. HAILES: If simple scavenger bacteria entered the bladder, we might not expect any thing more than a simple cystitis, with tenesmus, etc.

Dr. FEATHERSTONHAUGH: Since the urine, in the case related, had been drawn several hours before examination, the theory that cystitis was caused by bacteria has fallen to the ground. If bacteria existed in the bladder, producing the symptoms stated, why should they not have occurred in other parts of the body, producing parallel symptoms? Bacteria are found in all parts of the body at times, even in human blood in health."* They have been found in the centre of the liver, in the brain, etc.† We should not refer the symptoms in the patient to the bacteria, but should attribute the bacteria, if actually found in the bladder, to the fact that the proper conditions were there found for their development.

Dr. HAILES: In the case reported there was constitutional disturbance, as well as vesical tenesmus. Dr. Featherstonhaugh asks why bacteria did not appear elsewhere in this patient. Bacteria are ordinarily absent in fluids removed from the cavities of the body; they might appear in the bladder and not elsewhere. It is only in the virulent forms of very contagious or infectious diseases that bacteria or their spores are found disseminated through the tissues of the body, and, when thus found, the patient generally dies within twenty-four to forty-eight hours after inoculation. In diphtheria of the throat, vagina, and anus, myriads of bacteria burrow down in colonies or are disseminated into the adjacent tissues. Science cannot, as yet, demonstrate the difference between the friendly scavenger bacteria and the germs of diphtheria, malignant pustule, anthrax, etc.

Dr. E. A. BARTLETT: A few years ago, in Skaneateles, a case of cystitis was said to be caused by vibriones in the urine. Urine passed by the patient and immediately examined contained vibriones. This urine was acid. Urine drawn by a catheter was examined, and contained no vibriones. Was not the cystitis from some other cause than bacteria? And did not the vibriones come from the vaginal mucous membrane or the external parts?

*Satterthwaite, Medical Record, Vol. X., 853. †Bennett Physiology, p. 440.

BRIEFS AND ITEMS.

Dr. James A. Hart, of Colorado Springs, Col., gave his friends here the pleasure of a short visit recently. He has much improved in health by his few years' residence there. He is one of the editors of the *Rocky Mountain Medical Review.*

Lactopeptine.—As the season of the year approaches when infants and children are likely to suffer from cholera infantum and other bowel troubles, from personal knowledge of its merits, we would call the attention of our readers to use of the above named medicine, as being of real service in the treatment of these diseases.

A Strange Accident.—A clergyman of this city complained of an irritable, scratching sensation about one of his eyes. On examination, I discovered nothing; but, on everting the lower lid, I found the end of an eyelash just barely protruding from the *punctum*, and which was bent inwards sufficiently to scratch the ocular conjunctiva. I drew it out, and he obtained immediate relief. The hair had entered root first, leaving the fine, sharp end extruding.

Embolism of the Central Artery of the Retina.—Furnished by Dr. T. Featherstonhaugh.—A stout, robust man, aged about fifty, while at work about a mowing machine, noticed that his left eye suddenly became dim. In a very short time, probably within a few minutes, all sight was gone from the eye. He presented himself at the office a few days afterwards, and the following very characteristic ophthalmoscopic appearance was noticed: The fundus was very pale, the arteries very small, the veins apparently normal. The *macula* showed a bright red spot, in strong contrast to the surrounding pallor. There was also an irregular red spot in the centre of the disc, which I at first supposed to be hemorrhagic, but which I afterwards decided was due to an effort to establish collateral circulation. In one or two arterial branches I observed that the continuity of the column of blood was broken, giving the appearance of a string of red beads on a white cord. An interesting feature in this case is the fact that several of his father's family, including his father, have died from apoplexy. Had this little clot found its way into one of the cerebral arteries, he might have shared the same fate. This patient has a very slight murmur with first sound of heart.

THE ALBANY COLLEGE OF PHARMACY.—It may not be generally known that, for some time past, the establishment of a college of pharmacy in this city has been contemplated. The plan of organization has recently been perfected, and the board of governors of Union University, at a meeting held June 21, 1881, created a department of pharmacy in the university, to be known as the "Albany College of Pharmacy." The faculty will consist of Dr. J. S. Mosher, professor of botany and materia medica; Dr. Willis G. Tucker, professor of chemistry, and Gustavus Michaelis, professor of pharmacy. The course of study will be graded, extending over two years, divided into a junior and senior class, consisting of first and second year students respectively, the course beginning on Monday, October 3, 1881, and closing about the first of March. Three lectures will be delivered each week to each class, to be given in the evening each day, except Saturday, when the hour will be 2 P. M. A circular has been issued which may be obtained, together with any further information desired, by addressing the secretary, Dr. Tucker, No. 4 Lancaster street, Albany.

REVIEWS AND BOOK NOTICES.

SUPPLEMENT TO ZIEMSSEN'S CYCLOPÆDIA OF THE PRACTICE OF MEDICINE. William Wood & Co. 1881. pp. 884.

Scarcely had the ponderous and exhaustive work of Ziemssen's found a place upon our shelves, than a supplemental volume became necessary. From the slow publication of the large work, it is now several years since many of the principal articles were written. During that time, the activity of the medical mind has been so marked that it becomes a necessity, in order that the work might mirror the progress of to-day, that this volume should be issued. It is in no sense, as was the original, a translation, but all the articles are by scholars of this country. The editorial supervision was given to Dr. George L. Peabody, Pathologist and Medical Registrar of the New York Hospital, assisted by some twenty-eight writers of the different articles. The arrangement, as to bibliography, captions, paragraphs, etc., is essentially the same as in the original work. Some of the subjects treated in the cyclopædia are not mentioned in this volume, because nothing of importance has since occurred in regard to them. It is needless to mention the names of the many writers

of the different articles. While many are among the young men of the profession, they are all of thorough culture and fully conversant with the literature of the subjects on which they write. The volume is an indispensable addition to the library of those who possess the large work.

ETHER DEATH. A personal experience in four cases of death from anæsthetics. By John B. Roberts, A. M., M. D., Lecturer on Anatomy and on Operative Surgery, in the Philadelphia School of Anatomy. [Reprinted from the *Philadelphia Medical Times*, June 4, 1881.]

The first case forms the subject material of the paper, in which the clinical features, post-mortem, and microscopical examinations are fully recorded, all of which throw light on the dangers of ether anæsthesia. The writer argues that the danger from ether is not first shown by the respiration, as is generally supposed by surgeons, but that it lies rather on the cardiac side, and, therefore, the pulse should be most carefully watched as the index of danger. The history of the case, given in full, shows death resulted directly from cardiac depression, without respiratory symptoms. The remarks are confined to the following heads: "Was the patient a proper subject for etherization?" "Was the ether properly given?" "Was the treatment of the patient, after dangerous symptoms occurred, conducted properly?" "How did ether produce death in this instance?" and, finally, "How are ether deaths to be avoided?"

The paper closes with a list of deaths, fairly attributable to ether, recorded since January, 1872. These number eighteen; eleven cases are recorded as occurring in Great Britain between the years of 1870 and 1880. To the pamphlet is appended quite a lengthy discussion upon anæsthetics in general, by prominent members of the Philadelphia County Medical Society. The subject is certainly one of very great importance and well worthy very thoughtful attention. The general impression of the comparative safety of ether makes a careful investigation into the fatal cases necessary, in order that, forearmed, if possible, such results in the future may be avoided. G. S. M.

A DAILY PROGRAMME OF THE INTERNATIONAL MEDICAL CONGRESS is published by Messrs. William Wood & Co., in connection with a complete catalogue of their medical publications. The congress is to be held in London, August 2 to 9. A great deal of information regarding the time and place of meetings,

entertainments, excursions, and places of interest is given, with numerous blank pages for notes. It is most superbly gotten up, with fine paper, red line, gilt edged, and crimson satin cover, and of a shape adapted to the pocket. The catalogue contains the names of over two hundred medical books published by this old and enterprising firm.

EDITORIAL.

—Who Saw it First?—We are requested by a circular from the Rochester Astronomical Society, dated July 1, to bring the following item to the attention of our readers:

The question of who discovered the present comet has become a momentous one. Over five hundred persons have laid claim to the honor and the Warner prize of $200, and all of them are within comparatively the same time. It is desirable that no injustice be done in this matter, and to this end all parties who saw the comet during the week ending June 25, or previously, will please forward their claims without delay to Prof. Swift, director of the Warner Observatory, Rochester, N. Y. It is certain the discovery was made by a private individual, but who that individual is remains to be seen.

The Chronological Register of all who have been members of the Medical Society of the County of Albany since its organization in 1806, is being prepared for printing in the August issue of the Annals. It will be a very interesting epitome of a portion of the public life of many prominent and useful men, as it will give items of interest concerning place and date of graduation, degrees received, offices held, and date of decease and age of those who have passed away, as well as some general information. Of some of the members, especially in the earlier days of the society, the record is somewhat incomplete, and further items would gladly be added, if received *immediately!*

The Argus and Evening Times both kindly give a wider popular circulation to our plea, last month, for portraits for the society room.

COLLEGE AND ALUMNI NOTES.

Dr. E. P. Van Epps, of the last class, has been appointed City Physician in Schenectady.

Dr. C. M. Culver, of the same class, has gone to London to continue his professional studies.

—Alumni Association.—We would earnestly call the attention of every Alumnus of the Albany Medical College to the following announcement: At a meeting of the Executive Committee of the Alumni, held June 16, 1881, the President stated that he had given considerable thought to the matter of prize essays to increase the interest in and efficiency of the association. He had concluded to offer an annual prize of $100, to be called "A Surgical Prize," and would announce as the subject for this year, "Essay on Colles' Fracture; its Pathology and Treatment," to be accompanied with a pathological specimen illustrating the fracture, with or without dislocation of the ulna, or a careful dissection of the hand, wrist, and forearm.

After favorable remarks by members of the committee, on motion of Dr. Hale, Dr. Van Derveer, the president, was appointed a committee of one to give this subject further consideration. Subsequently he reported that the heirs of the late Prof. Alden March, M. D., LL.D., desired to give the sum of $100 as an "Annual March Memorial Prize," the essay for the coming year to be on "The Pathology and Treatment of Morbus Coxarius." Also, that Mr. A. McClure, a governor of the Albany Hospital, had decided to give the sum of $100, annually, as an "Armsby Memorial Prize," the essay to be on some anatomical subject. That for the coming year will consist of a minute description of the Genito-Urinary organs of the male, together with a carefully dissected specimen of the same.

The President further reported that the heirs of the late Prof. James McNaughton, M. D., had offered the sum of $100 as a "McNaughton Memorial Prize," the subject of the essay for the ensuing year to be "Antisepsis in the Treatment of Disease;" and Mr. Joseph Russell, a trustee of the college, offers for this year a second surgical prize of $50 for the second best essay on Colles' Fracture.

Essays and specimens designated by a motto, accompanied by a sealed envelope, inscribed with the same motto, and containing the name and address of the author, must be sent to the secretary, Dr. W. G. Tucker, by the 14th day of February, 1882.

The committee to examine the essays for the year will consist of Drs. A. Van Derveer, J. S. Mosher, and Lorenzo Hale, and they reserve the right to reject any or all essays, if not deemed worthy.

All specimens are to be deposited in the new museum of the college, properly labeled.

THE

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WHAT FOR CONSUMPTION, AND WHY?*

H. D. DIDAMA, M. D., SYRACUSE.

Among the remedies employed in phthisis pulmonalis, these four—oil, arsenic, alcohol, phosphorus—are receiving the widest commendation. Some practitioners pin their faith to the first (oil), excluding the rest. Some administer only the last (phosphorus), while others are divided in their affections between those potent drugs, alcohol and arsenic. Each one appeals to his own experience, or to the theoretical views of himself or his favorite author, and each one admits that, in a certain and even large proportion of cases, all medicaments, like all signs of rain in a persistently dry time, fail. Some skeptical individuals even go so far as to doubt the efficacy of *any* treatment, claiming that those who recover under the best management would have prospered equally well under the unaided or benificent care of nature. With this class of modest doubters we may have some sympathy, and to them we are indebted for observations showing that many diseases are self-limited, and require only mild management and tender guiding in order to receive a successful issue. But nature alone does not always achieve the best results. It is better to extract a thorn from the flesh than to leave it to the slow and painful process which nature employs for its removal. The most awkward surgeon will, as a rule, have less deformity following his reduction of fractures than nature will have with all her experience and disposition to do the very best thing at the very best time, and certainly the poor wretches who writhe

*This paper, read at the Annual Meeting, in May last, of the Medical Association of Central New York, will be prized the more by many of our readers as coming from a recent president of the Albany Medical College Alumni Association.

in the clutches of colic or rheumatism find that "nature's sweet restorer, balmly sleep," comes speedily only when invited by soothing appliances of the medicine man.

Nature is undoubtedy the best physician, but nature unguided, unrestrained, unaided by human reason and experience, like the unmanaged elephant on the field of battle, may do more harm than good.

Oil, arsenic, alcohol, and phosphorus have each a well-established reputation in the treatment of pulmonary consumption. Unlike, have they in any respect a *common mode of action?* If they have, may we not only account for the efficacy claimed for each by a multitude of observers, but may we not harmonize the views of the conflicting advocates so that, while there shall be no exclusive "primacy," there shall be becoming "courtesy" and appropriate "resignation." And, if it shall turn out that each one of these remedies, having a special potency of its own, has also an action which agrees to that of the others, may we not hope, by their combined action, to secure a harmonious power which will far surpass the highest excellence of any separate individual. The common mode of action of these four remedies, I take it, is the production of *fatty metamorphosis.* In regard to *oil*, scarcely any careful observer will deny that the oleaginous foods, in superabundance, cause not only fatty infiltration, but an actual metamorphosis of albuminoid elements.

Arsenic, as experiments on animals and men prove, has also the power of producing fatty transformation. The mountaineers of the Styrian Alps and the Styrian ladies, famous for their clear complexions and rotundity of form, consume enormous quantities of this interesting drug.

Alcohol, as every one knows, in long-continued and *liberal potations*, causes this same degeneration. As a beverage it is a prolific source of mental, moral, and physical cirrhosis, and converts every thing, at length, into fat.

Experiments on dogs, as well as observations on man, show that *phosphorus*, in poisonous doses, converts albuminous tissues into fat. Thus we see that these four dissimilar and apparently opposing remedies have a common bond of union, — the transformation of tissues into fat.

How can this action be of benefit to the consumptive? It is a well-established principle that those tissues, or neoplasms, or exudations, which are abnormal, undergo this fatty metamorphosis

before the normal tissues become affected. The fibrinous exudations on the pleural surfaces and in the air cells, in pleurisy and pneumonia, become fatty, and are saponified and removed by absorption, while the normal tissues remain unaffected by the transforming process. So cancer nodules, so tubercles, so fibroid tumors, so the unneeded tissues of the uterus, after parturition, occasionally or uniformly undergo this fatty metamorphosis.

In phthisis pulmonalis we have inflammatory products which need removal to prevent caseation and tubercle, or we have already caseation and tubercle, which will cause ulceration and cavities and death, if left to themselves. We take advantage of the power of certain drugs — these drugs which we are considering—to promote, when given in perfectly harmless doses, fatty destruction of the abnormal products and growths. We employ them, not singly, as scouts or skirmishers, but combined like massed troops, and with the efficiency derived from combination.

I present a formula, which I have sent to the pharmacist in not a few cases, and with which I am quite satisfied at present. That it will cure acute general tuberculosis or arrest the progress of cancer I am not prepared to affirm; but that this combination has been of great service in the lingering hepatization of croupous pneumonitis and in that form of phthisis which has an inflammatory origin, and in those slow capillary catarrhs, which are apt to eventuate in catarrhal pneumonia, I stand ready to claim with some emphasis. I give the formula, with some explanations. It has some of the merits of the old Galenic polypharmacy, but there are only eleven, instead of sixty-four, ingredients:

℞

Ol. Morrhuæ,		℥ 8.
Pancreatine,		ʒ 4.
Vitell. Ovorum,		No. 2.
Fl. Ext. Calumbæ,	āā	ʒ 2.
" " Aurantii Cort.		
Calcii Hypophosphit.,	āā	ʒ 1½.
Sodæ "		
Liquor. Sodæ,		ʒ 2.
Liq. Pot. Arsenitis,		ʒ 1.
Spts. Vini Gallici,		℥ 2.
Mucilag. Tragacanth. ad		℥ 16.

M. Ft. emulsion. S.: Take a tablespoonful two hours after each meal.

The pancreatine is used with the yelk of eggs and mucilage, to make a perfect emulsion, which will not separate, and will be assimilated. The liquor sodæ is to make the emulsion alkaline and furnish alkaline serum for saponification, for it is known that pancreatine is killed by acids, and that if the emulsion were not rendered alkaline the pancreatine would be destroyed by the gastric juice in the stomach. (Phillips' Palatable Oil claims to have pancreatine mixed with *acid*, and, if so, it is useless.) And then—and this is of great importance—I give the emulsion not *at* meal time or before meals, but *two hours after* meals, just as the food is digested and the pylorus opens to let every thing out.

Oil, we know, is not digested in the stomach, so that if given at meal time it only disgusts the patient and hinders digestion. But given, properly emulsionized, and pancreatinized, and made alkaline, two hours after meals, it slips through without annoyance to stomach into the duodenum, where it does no mischief, but much good. One thing more — In those cases, and they are the usual ones, where the patient has a remitting fever, with high afternoon temperature, when he is burning himself up, it is well to add to the emulsion treatment a single dose of eight or ten grains of quinia or cinchonidia, with an equal amount of pepsin, every day at noon. This course keeps down the fever and prevents the exhausting night sweats and the rapid wasting of the general tissues. It supplies respiratory food, so that the patient does not live upon himself, and it improves strength and general appearance. Still one more thing — It is well to avoid opiates in phthisis, as in other lingering diseases. If the cough is very troublesome, a teaspoonful of chloral syrup, eight grains to a teaspoonful of tolu, at bed time, will generally be all that is required.

I have purposely limited myself to a few points in this brief essay. The general hygiene, the climatic influences, the dress, the sunshine, I have neither time nor disposition to consider. My chief object has been to call attention to four prominent articles of the materia medica useful in consumption, to show how they act, why they do good, to recommend their employment in combination, and to show how and why they can be best employed.

DEATH FROM EPILEPSY.

JNO. BEN. STONEHOUSE, M. D., ALBANY.

In talking lately with a distinguished neurologist and alienist, he said he had noticed how seldom physicians realized the critical period in epilepsy, and particularly the modes in which a fatal termination is liable to occur.

Death usually occurs from some intercurrent disease, and unless the physician has seen a large number of cases he may not have known a death from the disease itself. Medical literature is singularly silent upon this point, and the best work treating exclusively of nervous diseases (I refer to "Hamilton on Nervous Diseases") simply says that death from epilepsy is extremely rare.

Thinking that a consideration of this subject would not be entirely without profit, I have gathered whatever seemed of importance from the medical journals and text-books, and offer it illustrated by notes from my case book.

Death may occur during the convulsion, but very rarely. When, however, it does so happen, it is the result either of some intracranial change or asphyxia. In the first case the patient dies more or less suddenly during the second stage of the attack. In this stage the initial pallor of face and brain, with the tonic contractions, have given way to lividity of countenance, dilatation, and even distension of the cerebral blood vessels with dark blood, and, as symptoms, the clonic spasms.

At first sight, these conditions would seem to furnish ample cause for death, but the post-mortem evidence is that this vascular distension does not of itself have a fatal termination. There is connected with these, intracranial clots, usually the result of miliary hemorrhages. You will all remember the peculiar minute extravasations which appear on various portions of the surface of the body and mucous membrane after many severe attacks of epilepsy, and are the rule after an attack of that terrible epileptic condition known as the epileptic status. Dr. Chrichton Browne, of London, says: "It is to their presence, in large numbers and when minute in size, that the singular lividity of the face, changing gradually through dusky yellow tints to the ordinary dingy pallor of the countenance of the chronic epileptic, so often seen

after the status, is mainly due." There can be no doubt but what they have occurred simultaneously in the brain, and that many of the sequelæ and complications are due to their presence and slow absorption. The larger vessels seldom rupture, because, in consequence of the repeated dilatations to which they are liable, a compensatory thickening and strengthening of their walls take place. Moreover, this change and the consequent loss of elasticity throws the greater strain upon the capillaries. Death may be sudden, the result of these myriad hemorrhages into different parts of the cerebral mass, or slower, as in cases when the patient does not rally from the usual sleep which follows the attack. Hemorrhage from larger vessels is more likely to occur when the epilepsy is secondary to an injury, tumor or softening. In this case the rupture is hastened by destructive changes in the vascular walls from without.

Case I.—Helen G., a domestic, aged 24, had suffered from epilepsy for six years. During the past year, convulsions occurred every second day, and were extremely severe. At almost every attack the miliary extravasations were noticeable over the entire body, with considerable extravasations occasionally in the submucous connective tissue of the mouth. I was called suddenly to see her, the messenger saying that she was dying. I found that she had had an unusually severe convulsion. The extravasations were more numerous than usual. She had passed into a sleep, as usual, but three hours afterward when I saw her she had evidently been dead for some time. Post-mortem thirty hours after death. Rigor mortis well marked. The skull is of ordinary thickness. Under the arachnoid, which is slightly thickened, is found a small thin film of fluid blood lying over the occipital lobe on the left side. It is evidently from the rupture of one of its minute vessels. Its diameter is slightly over an inch, and it is not a line in thickness. Grey matter firm, but has a dark, somewhat purplish color. The vessels of the base are dilated and engorged.

Perhaps no more terrible phase of disease is brought to the notice of the medical man than when in long standing cases of epilepsy there is developed the condition known as status epilepticus. A series of fits occur, generally without a true interval; *i. e.*, the patient does not recover from the coma of one attack before the convulsive phenomena of the next occur. The intracranial congestion and lividity of the surface become more and

more marked, and in consequence the unconsciousness is more and more profound. Reflex excitability is quite, if not totally, abolished, and the pupils are dilated. With a high temperature and quick, compressible pulse, the skin is bathed in a profuse perspiration. As many as from one to twelve convulsions may occur in an hour for even twenty-four or more hours before death—the usual termination of this state — supervenes. Here, again, death may occur from the minute extravasations, but, if the patient is not thus carried off, the post-mortem appearances are those of death from asphyxia. As Dr. Browne says, "it is impossible to point out any distinctive difference in post-mortem appearances in epileptics who have been accidentally suffocated and those in epileptics who have died in the status."

I have the notes of two post-mortem examinations occurring in patients dying during the status, but they are not so typical as the following reported by Dr. Browne:

Case II.—As illustrating death from asphyxia: Male, aged 26. Epileptic for many years. No cause known. Generally demented, but subject to attacks of furious maniacal excitement. Died in the status convulsivus after five days of incessant fits. Examination forty-nine hours after death. Rigor mortis well marked. Skin of scalp almost semi-cartilaginous in consistence, adherent to the skull. Skull also thickened and unsymmetrical, largest on right side. All the bones of the skull of a bluish color. Dura mater somewhat adherent, and all the sinuses filled with dark fluid blood. Arachnoid unchanged and pia mater thickened. Grey matter of convolutions of dark purplish color and puncta vasculosa very numerous in medullary substance. Whole brain congested and filled with fluid blood. No fluid in ventricles, but choroid plexus very much congested. The walls of third ventricle and grey commissure of a deep red color.

Case III.—As illustrating death from hemorrhages: Female, aged 18. Epileptic for four years. Memory had failed, and attacks of excitement were developed. She died after being in the status several days, quite unconscious and with incessant fits. Examination fifty-four hours after death. Skull stained a deep blue color. The grey matter is dark in color, and is found on section to be marked with bright red streaks perpendicular to the surface of the brain. The white matter is variegated with numerous reddish and bluish specks. Other particulars are omitted, as not bearing on case. These cases were reported in the

London Journal of Mental Science for April, 1873, by Dr. J. Crichton Browne, Lecturer on Mental Diseases to the Leeds School of Medicine and Medical Director West Riding Asylum.

So prone are epileptics to turn themselves upon their faces during the convulsions, and, burying their mouths and nostrils in the pillows, suffocate themselves, that in institutions where large numbers of epileptics are retained special supervision of these cases is maintained during the night to prevent this accident. When we consider that the tendency to death in epilepsy is from asphyxia existing during every seizure, we can understand that suffocation is easily produced by any mechanical complication. Post-mortem exhibits a bluish color of the bones of the skull, engorgement of all the intracranial vessels with dark blood, and, in fact, all the appearances mentioned before in connection with death from asphyxia. I have met with three such cases in private practice, one being a prisoner in one of our station houses some years ago. I have seen no post-mortems, however.

The great majority of cases of epilepsy terminate in death by asphyxia, hemorrhage, or some intercurrent disease, before the mind is completely effaced; but, if not thus terminated, the natural tendency is to the development of abject mental fatuity and bodily prostration. This has received the name of epileptic stupor. Instead of the hypertrophy and induration of the cerebral tissues existing in the earlier stages, slight atrophy, with wasting of the nervous tissue proper, or even softening may be found. The patient is in a semi-unconscious state, is incoherent and helpless, evacuation of bladder and rectum involuntary. This unhappy condition may last months, and I have seen one case when death did not occur for fifteen months. The subject of this paper was suggested by a case now under my care, which has been diagnosed as cerebral tumor, anemia and congestion, and hysterical coma, and treated accordingly.

There is no doubt in my mind but that it is such a case as I have described, nor do I think either of these diagnoses would have been made if the possibility of this condition had been considered. Therefore, I have thought that this statement would not be without its value.

A CASE OF MAGGOTS IN THE MIDDLE EAR.

G. S. MUNSON, M. D., ALBANY.

While in charge of the eye and ear department of the Northwestern Dispensary, New York city, a case of maggots in the ear came under my care, which presented some features worthy of notice, since such cases are rare and the literature on the subject limited.

July 19, 1880. Helen B., aged 4 years, American, of Irish parents. Had been subject for two years to chronic otitis media purulenta, which her mother supposed was due to her teething, and that in time she would outgrow it. In the evening of July 16, the mother's attention was first attracted to the child by her restlessness and her complaining as though some one was hammering in her right ear. On the afternoon of the 17th, had a well-marked chill. From this date up to the time of my seeing her, about sixty hours later, the child suffered from five convulsions; was constantly picking and tearing at her ear. On the morning of my first seeing the little girl, the mother, while endeavoring to examine the ear, had noticed something "alive and creeping," as she expressed it. Without attempting to do any thing for relief, the child was brought immediately to the dispensary. The meatus externus proved to be unusually capacious, and, therefore, an examination with the otoscope quite an easy matter. Bloody serum was found exuding from the canal, which was also slightly congested and swollen. Otherwise the child was perfectly healthy, except she appeared quite stupid. On further examination, living moving bodies were detected in the middle ear, and in close contact with the remains of the membrana tympani. Syringing proved unsuccessful in their removal, but with a delicate forceps and a head mirror five large fully-developed maggots were extracted, after which the ear was again syringed with warm water. The relief afforded was immediate, the child loosing her apparent stupidity. Ordered zinc as a mild astringent wash, and the ear to be syringed twice daily.

July 20, no returning symptoms of trouble. Has slept and eaten well. Congestion of the external auditory canal and drum has largely disappeared. Suffered no pain since their removal.

There can be no doubt but that the child had suffered intensely,

and that the maggots by boring their way into the soft, warm and moist parts of the ear had so irritated the sensory nerves as to cause a reflex action, which resulted in spasms or convulsions. Each maggot was six lines in length and one line in thickness. They consisted of several soft rings, which fitted one within the other, and their color was whitish yellow. On their heads they had two black spots.

My belief is that the ear, suffering from an offensive otorrhœa, had attracted a fly, which invaded and deposited her noxious larvæ while the child was sleeping on the floor of a New York tenement house. In the present case on the removal of the maggots I placed them in absolute alcohol and watched them. It was fully ten minutes before life was extinct. In fact, these little worms are very tenacious of life, and rarely can they be removed by injecting fluids innocous to the ear, although oil, recommended by Heine, by suffocating them, will sometimes float them to the surface. I know of no better means than the simple use of suitable forceps to loosen their hold on the tissues and remove them.

A CASE OF PARAPLEGIA.

R. H. SABIN, M. D., WEST TROY.

W. S., aged 72, master mechanic by occupation, having been in the government employ forty-nine years, most of the time in the Watervliet arsenal, in a position requiring great care and precision. Ten years ago he complained to me of symptoms suggestive of impending paralysis. I also detected valvular disease of the heart, with a slow beat, and occasional intermissions. After treating the case for a time, I suggested, as he was going to New York, his consulting Dr. Alonzo Clark; he told him to be careful, not get excited, and take life more easy. Since that time his cares at the arsenal have been arduous and confining.

Some five or six years ago, his wife, having been sick for a few days, had occasion one morning early to get out of bed, and, feeling dizzy, fell to the floor. Mr. S., suddenly awakened by the fall, sprang quickly out of bed, and, seeing his wife lying on the floor, was greatly alarmed and excited, and himself also fell prone. She soon revived, and succeeded in helping her husband into bed. He was much exhausted, and soon dropped, as she

supposed, into a sleep. Becoming alarmed at the long continuance of his sleep, from which he could not be aroused, I was sent for, and found him in a deep coma. I immediately bled him and gave stimulants, and the next day he came to and got about again, with little or no impairment of any of his faculties.

For the last two or three years he has been troubled with looseness of the bowels, often amounting to diarrhœa, but easily controlled by domestic remedies. He often complained of a strange feeling in the head, and within the last ten years I have bled him five or six times, this being the only thing that would relieve it. Some three months ago I bled him. The blood was always thick, and it was often difficult to get it to flow, coagulating quickly after being drawn.

On the 27th day of March, in company with a neighbor, he started to go to a funeral in Troy, and got to the foot of Congress street, where they were to take the street car, while waiting for which he stepped into an alley to urinate. Being gone longer than deemed necessary, his friend went to look for him, and found he had fallen to the ground. Help and a carriage were soon procured, and he was taken home, stopping on their way at my office for me. I found him rational, with a partially paralyzed tongue, his speech being so affected that he could hardly talk understandingly. He complained of a strange feeling in the left side, and some pain in the right shoulder. When he arrived at the house, he was cold, pale, and perfectly helpless. He was put to bed, warmth applied, and stimulants given. After reaction came on, I found the lower part of the right lung congested. Pain in right shoulder, which was severe, was relieved by the hypodermic injection of morphia. Fearing general congestion, I bled him about four ounces, when the blood stopped, and all efforts to get more failed. The blood was soon a hard coagulated clot. In the evening, not having passed any urine, and being unable to, I drew it with the catheter, which was necessary for the next four days. During this operation, he had to be held by main force. When standing on his feet, he seemed to have no use of his legs, but when using the catheter he could kick with great activity. There seemed to be a very sensitive condition of the urethra, even at the meatus; the moment the catheter touched it he seemed in great pain. When remonstrated with, explaining the necessity, and telling him that such actions only increased his suffering, he said he knew it, but he could not help it.

He complained of the third and little finger of the left hand, extending up the under side of the arm, as feeling very strange, while the rest of the arm was natural. He was perfectly rational a greater part of the time, answering all questions correctly up to within an hour of his death. Said he remembered going to the alley, and while passing water felt a strange, dizzy feeling in his head, with a severe pain in his breast under the sternum; felt as though he should fall, and did fall; tried to get up, and failed; remembered he was helped up and into a carriage; gave directions to the driver to stop for me. I do not think he was at any time unconscious; was perfectly rational till within an hour of his death, though he could not talk naturally; often asked what ailed him that he could not talk. Towards the last he could not lie down, on account of dyspnœa. He became very restless and fretful, easy nowhere long, but getting from chair to chair; naturally he was a very quiet man. At times it took three or four to attend to his wants, and, though anodynes were given freely, he could not be made easy of his suffering. When asked if he had pain, he usually said no, but in great distress all over, bringing his hand down over his left side. His whole nervous system seemed affected with greatly increased sensibility, with the exception of the parts mentioned as partially paralyzed. This nervous distress continued throughout, and was specially severe the night that he died.

An autopsy was made thirty hours after death. Rigor mortis well marked. Body well nourished. Cranial cavity—The dura mater showed thickened arrears, and at the superior portion of the left hemisphere was found some opacity of the arachnoid. The basilar arteries had undergone some atheromatous degeneration. Thorax—The heart generally was immensely hypertrophied. There was some slight congestion of the pericardium, with considerable effusion into its cavity. Right cavities dilated. Concentric hypertrophy of the left ventricle. Auriculo-ventricular valves on both sides thickened at their free borders. At the arch of the aorta was discovered a dissecting aneurism containing a large fibrinous clot. Abdominal cavity — On gross examination, the kidneys exhibited hyperæmia, but in no very marked degree. Nothing further of pathological importance was observed in this cavity.

Abundant cause for the symptoms observed during life was found in the aneurism of the arch of the aorta. The arteries

were all atheromatous and their elasticity consequently impaired. The cause of death was extrinsic to the brain. The affection had been anæmia. The varied character of the symptoms during life render it impossible that they were due to cerebral embolism.

Discussion.

Dr. S. O. Vander Poel: Through the courtesy of Dr. Sabin I was present at the autopsy of the case he has just reported. The brain was markedly anæmic, no puncta to be seen, while the choroid plexus was as white as a piece of lace. Wherever the blood vessels were cut they remained patulous, open as inelastic tubes. The atheromatous condition was marked in every part of the brain. There were no traces of embolism. The heart was affected in nearly all its parts. There was insufficiency and regurgitation in the aortic, mitral, and tri-cuspid valves. Vegetations fringed their borders. The left ventricle was thickened and hypertrophied. The walls of the right ventricle were very thin. The pericardial sac was distended with fluid, but as the serous surfaces showed no evidence of inflammation it was probably the result of obstructed circulation. All the large vessels were atheromatous, so that when cut across their walls remained rigid. It is, therefore, reasonable to suppose that this condition of the vessels existed in every part of the body. No examination of the spinal cord.

You will recall from the description of the case that a sudden paraplegia was the first and most marked symptom, accompanied by loss of speech and, I believe, aphasia. Neither the paraplegia nor loss of speech were constant, for the reflex irritation induced by the introduction of the catheter produced violent muscular action of the extremities and exclamations of pain. There were also temporary paralyses of the arm and in the third and little fingers.

I regard this class of symptoms, coming and disappearing very suddenly, as due to an imperfect supply of blood, from the diseased condition of the heart and blood vessels. Hypertrophy of the left ventricle, aortic and mitral insufficiency would of themselves cause a great lessening of the blood wave and loss of amplitude of the vessels. In addition, the vessels had lost all their elasticity, and were mere rigid canals to carry the fluid. Sudden and temporary paraplegia is, I believe, in all instances, due to defective supply of blood to the whole or portions of the cord. Nor is it difficult to understand how this may occur, when we consider the peculiar manner in which the cord receives its supply,—almost wholly from two branches of the vertebral arteries, running its whole length, fortified by very small branches which enter at each opening of the spinal nerves.

Dr. John Thompson thought that the bleeding was of doubtful expediency in the case reported.

Dr. James S. Bailey said that venesection may have given

temporary relief, but, in his opinion, it was injudicious. For the distressing symptoms of pressure under the arms along the track of the vessels just mentioned he personally had experienced relief from extending the arms horizontally several times in succession.

Dr. S. O. Vander Poel: Mechanical venous stasis would be relieved for the time by bleeding.

Dr. D. H. Cook: Digitalis is applicable instead of bleeding. In a similar case in my care, where there were a dozen intermissions of the pulse in a minute, the patient was soon relieved by digitalis.

REVIEWS AND BOOK NOTICES.

The Diseases of Children; a Practical and Systematic Work for Practitioners and Students. By William Henry Day, M. D., M. R. C. P., Lond., Physician to the Samaritan Hospital for Women and Children. Second edition. Rewritten and much enlarged. 8vo., pp. 728. Philadelphia: Presley Blackiston, 1881.

This book, an octavo of 728 pages, is printed in good clear type, and presents typographically a very readable appearance. Dr. Day divides his work into fifty-three chapters, giving at the beginning of each a synopsis of its contents, thus aiding the practitioner to find that which he wants without loss of time. It is also provided with an ample index, as well as containing at the end a series of formulæ, to which reference is made in the text.

The author fails to give a description of those troubles occurring directly after or during birth, rather confining his attention to the diseases of childhood than to infant life, though considerable attention is given to the rearing of infants and to diseases they share in common with children of a larger growth.

In his introductory remarks he offers many practical suggestions in regard to the care of infants during their early months, and properly ascribes many after diseases to neglect of an hereditary taint or carelessness in their management. He lays particular stress on the value of condensed milk, as more easily obtainable and less likely to undergo fermentative or putrefactive changes, regarding milk, of course, as the natural food of the growing child, and discarding all starchy substances, which, he says, "young infants are incapable of digesting," a point which cannot be too strongly insisted upon.

Chapter III. is devoted to acute and chronic disease. In it the author tells us the advantages of sleep and rest during the growth of children, and strongly disparages the development of intellectual force at the expense of the physical. He says: "There is a direct antagonism between mental precocity and physical growth," a fact which is too well illustrated at the present day, bright, quick witted children being looked upon as models, although they have but a delicate physique that offers no prospect of longevity.

The fevers of childhood are described fully and clearly in the usual text-book style, though for his omission of those of a malarial origin, saying, as he does, "I must disavow at once any belief in infantile remittent fever as caused by a separate and distinct poison, or that the disease differs in its nature or causes from that of typhoid" (entirely ignoring intermittent fever), this part of his work will hardly meet the approval of American physicians, who have been taught that such things do exist, and are not to be confounded with diseases of a different etiology.

In his chapters on croup and diphtheria, Dr. Day holds the opinion that they are distinctly two diseases, speaking especially from a clinical standpoint, and in this, with our present knowledge, he is undoubtedly correct. His account of them, as well as of the other special diseases, is exhaustively and clearly set forth.

Altogether the work is one to be commended, and should find a place in the library of every physician who desires to be "up" in this branch of medicine. We recommend it particularly for its practical worth, being full of valuable hints in regard to diagnosis and treatment. M. R. C. P.

A Manual of the Practice of Medicine. Designed for the use of students and the general practitioner. By Henry C. Moir, M. D. New York. 1881.

Dr. Moir has an excellent idea of what a work of this sort should be, but we regret that we are forced to point out a few particulars in which this book is deficient. Several important diseases receive no attention, chorea and neuralgia, for example. In the effort to condense, the meaning is occasionally obscured. The collection of prescriptions is generally good. It would be better, however, if such terms as "clap" and "horrors" were omitted, and there is no apparent necessity for the repetition of

a prescription several times. There is too much abbreviation of the names of drugs: "Hyd. chlor.," "tinct. gels.," "liq. pot.," "pot. nit.," "fl. ext. dig.," and "sat. sol. chlor. pot." do not add any thing to the elegance of the work. The prescriptions are not models of form for the student, and the author should use either Latin or English in his prescriptions, and not mix them as he does on almost every page. These criticisms are not offered in an unfriendly spirit, but that in a second edition, which we hope will be called for soon, these errors may be corrected. There are many excellent features, especially the part devoted to "Prominent Symptoms of Disease," the table of differential diagnosis between the five principal eruptive fevers (covering eight pages), and the directions for the use of disinfectants.

J. B. S.

THE MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

SESSIONS OF 1880–81.

ABSTRACT OF THE MINUTES OF THE STATED MEETING OF MARCH 9, 1881.

The seventh regular intervening meeting was held at Alumni Hall, Albany Medical College, on Wednesday evening, March 9, 1881.

The President, Dr. A. SHILAND, exhibited a *Phosphatic Calculus*, with the history.

Dr. JNO. BEN. STONEHOUSE read an original contribution on "Death from Epilepsy" (see article IV). Discussion followed by Drs. Lorenzo Hale, John Thompson, R. H. Sabin, D. H. Cook, Maurice J. Lewi, P. B. Collier, and William N. Hays.

Adjourned.

LORENZO HALE,
Secretary.

Our usual College and Alumni Notes are held over for another number. We shall be glad to get alumni items always.

THE

MEDICAL ANNALS:

A Journal of the Medical Society of the County of Albany.

VOL. II. SEPTEMBER, 1881. No. 9.

EXTRA-UTERINE FŒTATION; A CASE.

G. H. NEWCOMB, M. D., ALBANY.

The occurrence of pregnancy out of the uterus is unquestionably of rare occurrence. An authentic case gives the subject an interest well worthy the attention of the practitioner. Such a case is here simply reported.

Mrs. B. was married in 1871, and became pregnant in 1874 for the first time. At each monthly period after, she had a thin pinkish discharge different from her usual menses. In the fall of 1874, she was taken with severe abdominal pains and had a watery discharge from the vagina. Her mother and married sister told her she was threatened with a miscarriage, as the waters had broken. A physician was called; he considered her in the seventh month of gestation; gave anodynes for her relief. She was confined to the bed for five or six months, and then slowly gained her usual health and a return of her natural menstrual flow but no delivery of the fœtus or child took place.

In 1877, she became again pregnant, and at the seventh month was delivered of a dead child.

In July 1879, while in a tree picking cherries, reaching for a limb she felt something give way in her abdomen. This was followed by a slimy discharge from the rectum for three days, then by a profuse yellow purulent flow. From that time to the present, she has had periodic discharges of the same nature following a similar sensation. I saw her and made an examination per rectum, February 4, 1881. She consented to go before the medical class for an operation, but I received a note next day stating that she had changed her mind. I saw her soon after but

she refused to submit to any interference for relief. She afterwards, however, consented to any procedure that I might institute.

The examination revealed about three inches from the external sphincter, a mass of denuded cranial bones. On another examination about two weeks later, I was unable to reach them. March 3, she sent for me, stating that the bones had come down again so that she could feel them. March 4, under ether, I found the fœtal remains in a cul-de-sac lying in front of the rectum, behind the uterus, and easily felt through the vaginal walls. I hooked my finger in the mouth of the sac, pulled it down, and tilted it over, so that its opening was nearly in line with the intestines. The long and larger bones were removed with a long forceps, by getting their diameters perpendicular to the opening. The smaller bones were scooped out. Some two or three pieces were imbedded in the wall of the sac, but were dislodged by scraping. On the sixth day after, she said the sac was filling again, recognizing the fact by the failure of appetite which always accompanied it. March 13, the tenth day, it discharged. Since then has had a ravenous appetite, is able to walk with but little fatigue for two or three hours at one time, and is in a good general condition.

Dr. J. P. Boyd remarked at the conclusion of the paper, that the sac may open externally, either directly, at some point of the abdominal walls, or indirectly, through the vagina, bladder or bowels, the last being the most difficult and dangerous. A specimen of dermoid cyst of the ovary, with a well-formed inferior maxillary bone connected with it, was presented by Dr. Thomas, at the last meeting of the American Medical Association. The specimen shown by Dr. Newcomb contains too many bones to pass for a dermoid cyst.

CASE OF CANCER OF STOMACH.

J. P. BOYD, M. D., ALBANY.

About four weeks ago a gentleman consulted me at my office for dyspepsia, as he styled it. He said that he often vomited his food, had lost twenty-two pounds during the last two or three months, was very weak, bowels somewhat constipated and could not sleep well. He complained of no pain, had never noticed any thing in the fluid vomited peculiar, but admitted that he often vomited something which looked like water. His

appearance indicated some serious trouble. His color was of a greenish tint; tongue coated. After a careful examination of the abdomen, I found the liver somewhat increased in size. There was no tenderness anywhere. The chest was examined, but no disease could be detected there.

Dr. Thomas Hun saw the case with me, and after two more examinations we could make out a line of dullness, extending near the region of the stomach, but which seemed continuous with that of the liver. We could now feel a hard mass directly over the region of the stomach, but not at all sensitive. After visiting the patient at his house, I found that there seemed to be a very frequent spitting of a substance resembling saliva. The urine was examined several times, and only at the last examination did I find a trace of albumen and also hyaline casts. The patient was kept on a milk diet. He did not vomit at all during the last weeks of his life. His death occurred shortly after our last examination of the abdomen.

The autopsy was conducted by Dr. Van Derveer. On opening the abdominal cavity, the liver was found enlarged and fatty, and the left lobe extended over to the left hypocondriac region, completely covering the stomach, which lay immediately underneath, and was adherent to it, to the pancreas, and also to the intestines. There were adhesions between left lobe of liver and diaphragm. In fact, all the organs in the region were bound together by adhesions. The stomach was soft, and very slight manipulation ruptured it. The pyloric and cardiac orifice appeared normal in size. The mucous membrane lining the greater part of the stomach was destroyed altogether, the cardiac and pyloric orifice seemed healthier than the rest of the organ. The liver was fatty and contained numerous white, hard masses. On the under surface of the diaphragm, also under the peritoneum, were white spots. On examination both kidneys were granular, and also exhibited white spots corresponding to the situation of the pyramids. Spleen normal. The chest was examined but none of the organs there exhibited traces of disease.

The specimens were examined by Dr. Hailes, who found the usual cancer cells in the tissues of the stomach, and also in the metastatic deposits in the liver. The nature of the spots in the kidneys, I do not know.

Discussion.

Dr. R. H. Sabin: I am unwilling to pronounce any suspected case cancer until the coffee-ground vomit occurs, which I regard as a pathognomonic characteristic of the disease.

In a recent case believed by others to be cancer of the stomach, I had the satisfaction at the autopsy of confirming my diagnosis of "chronic inflamation of the stomach."

Dr. Wm. Hailes, Jr.: This case of Dr. Boyd's is peculiar, as it required the most rigid inquiry in order to get any satisfactory history of symptoms from the patient. No medical aid was sought until four weeks before death; and the patient really suffered less inconvenience than is usual in cancer of the stomach, from the fact that both the cardiac and pyloric orifices were found comparatively healthy, the cancerous growth being midway between them. Sections under the microscope showed that the primary growth in the stomach was carcinomatous; secondary growths in the liver were encephaloid.

The dark, thick material most frequently found in cancer of the stomach is produced, I think, by the decomposition of the blood arising from the oft-repeated hemorrhages occurring from the ulcerated surfaces. This disorganized blood mixed with the cancerous *debris*, together with secretions and fluids found in the stomach, form the well-known coffee-ground vomit of cancer.

Dr. F. C. Curtis: The case shows, and it is not unique in this, that if we wait for coffee-ground vomit we wait for what may never occur. This has been time and again shown in the report of cases before this society. Whatever value it may have as a symptom when present, its absence is of no sort of consideration. The finding of epigastric tumor and pain, significant enough when existing, is also shown to be not always possible; these symptoms are as often wanting as the first. Tumor cannot be appreciated when the left lobe of the liver covers the stomach. Vomiting of blood occurs only after the disease has so extended as to break down tissue, and it may occur from other causes than cancer. But one very valuable symptom is noted, to which I have called attention before, in the report of a case in 1874, and which has been repeatedly verified as reliable since, and that is the vomiting of serous fluid. I am led to believe that, existing, it is one of the most trustworthy evidences of the existence of gastric cancer; quite as much so as coffee-ground vomit, and almost as much as a local tumor and tenderness. Others here have testified to the value of this symptom in diagnosis.

Dr. A. Van Derveer: I visited this patient in the absence from the city of Dr. Boyd. A most noteworthy thing at the autopsy, was the manner in which the stomach was tied down to the neighboring viscera. At the autopsy of a case in Grand street, the peritoneum was found thickly studded with secondary encephaloid deposits.

ALBANY HOSPITAL.

NOTES OF CASES.

Reported by CLINTON B. HERRICK, M. D., Resident Physician and Surgeon.

LUPUS EXEDENS, TREATED SUCCESSFULLY BY CREOSOTE AND CALOMEL (Service of Dr. A. Van Derveer).—P. S., aged 65. Admitted into the hospital October 21, 1880, with the following history: No trace of disease of ulcerative nature in family. About fifteen years previous patient first noticed a small wart, about the size of the head of a pin, in front of left ear, which remained about the same for a period of five years. Then it began to get a little sore, and if scratched would bleed, a scab forming afterwards. He also noticed then that a small ulcer was progressing, which increased and spread downwards and then towards his eye, the ulcer healing and crusting over in its track. The character of the sore was, in form, irregular, without discharge, up to this time, and painless, being accompanied, however, with an intense itching sensation, so great sometimes that the patient could scarcely control himself. The disease advanced, surrounded the eye, implicated the lids, and crept on over the left side of the nose, down to the alæ, and a portion on the right side. About three months before coming into hospital the ulcer began to discharge a thin purulent matter very profusely, so as to require, at times, redressing every hour or less. When admitted, the disease covered almost entirely the upper half of left side of face. At first creosote alone was applied, then the di-chlor-acetic acid was used with some benefit. Then applications were made of creosote and calomel, and from the first use of it the ulcer began to improve. The method of using it was to take a camel's hair pencil, dip it first in the creosote, then in dry powder of calomel, applying it to the edges and where depressions existed, the brush with a twirling motion dislodging and removing the cells. By this treatment, the surface glazed over with healthy skin, its size diminished, and at present there only remains a small portion of the disease over the eyelids, without any indications of its returning or spreading again.

GUN-SHOT WOUND PERFORATING CHEST, WITH RECOVERY (Service of Dr. J. S. Mosher).—P. S., aged 33. Admitted to hospital April 25, 1881, with a pistol-shot wound of chest. On examination it was found that the ball (32-100) had entered two inches to the inside and one inch below nipple of left side, passing between the sixth and seventh ribs and lodging underneath the skin about two inches below angle of scapula, the theory being that it escaped the pericardium and passed through the lung. He suffered from shock for over thirty-six hours. Complained of considerable pain in left side, which was increased on

coughing. Temperature and pulse remained nearly normal for three or four days. Some emphysema was present after injury. Took nourishment well, and in course of a week the pain had almost entirely left him and he was removed to another room. Shortly after this the pain returned with considerable cough and expectoration. Temperature rose to 101 and 102. Pulse 120. On percussion there was flatness and auscultation, revealed but little air passing in the lung. About this time the ball was removed. The symptoms began to abate and he improved rapidly and was discharged cured. On examining the ball, a deep groove was found in it where it had evidently struck a rib and glanced off, reaching the back with probably very little injury to the lung substance.

Neuralgia of Testicle, Removal, (Service of Dr. A. Van Derveer).—Patient was a virtuous bachelor, aged 53, who for twelve years past had suffered from an acute pain in left testicle, with a spasmodic contraction of cremaster muscle, forcibly retracting the testicle. Only history of injury was that possibly received while riding horse-back. Testicle was removed and patient has been entirely free from pain since. He made a rapid recovery.

EDITORIAL.

—The Chronological Register.—One of the members of this society, in response to a request for items of interest regarding himself, appended to the list which he sent the following: "The most I have included is creditable to me; if I gave the disreputable things it might fill a book." The invitation has been given, till it was feared it might become ridiculously tiresome, for members to send in their professional record for preservation in the society register. After some years working and waiting, this list perfected so far as posssible has been printed and appeared in the last issue of the Annals. On the eve of printing it a final notice was sent to all to inspect it. We must say we have not found members so slow *since* it was printed as before. It was hardly dry from the press before our attention was called to errors and omissions. We rejoice at this evidence of interest even if a little late. There is hope yet that the list may be made perfect.

Without desiring to magnify our work we will say that it has been no slight task to prepare this list. It begins with the society's organization in 1806, and runs through seventy-five

years. The attempt has been made to make a perfect list of the members chronologically, their residence, their place and date of graduation in medicine and in arts, to record removals, deaths, offices held especially connected with the society, and other items that may be of interest. The aim has been to make it a balance-sheet of the society, accounting for each as at date an active member or for his removal. The dust has been shook from many a musty volume to find data of the past, and the dust has seemed to gather sometimes, sadly, almost on the heel of the present. A few errors have been made that are inexcusable on our part, but most would have been avoided if the society generally had given a little more care. But after all we congratulate ourselves that the list is so correct.

This lengthy reference is made for the purpose of saying this: that we wish every one under whose eyes this may fall to report to us any error they may see, not only of his own but of all the names, of which careful note will be made, and after a time the list will be printed again, we hope perfectly correct, so as to form a part of ANNALS, Vol. III. The army record, in whatever capacity even as private, we would like, and also any professional position held outside the society. And much may be sent in that it may not be appropriate to print, as was done by the member whom we quoted above, (and we only ask for the creditable things, though the book is large,) but which may be a part of the archives of the society in its registry book. The society should preserve these things now, for it is incredible how soon they are forgotten after one is gone. These corrections may be noted from time to time under our "Briefs and Items."

—Dr. H. I. FELLOWS of Albany, met with a sad accident which terminated his life on the 29th of August. While rowing on the river he probably fell overboard in a fit of syncope. He was entirely alone. His body was not recovered until the third day after.

He joined the society in 1875, having graduated at the Albany Medical College the year before. He was a most genial, pleasant companion, liked well by all, whilst also markedly earnest in his convictions. His life has been spent in this city. He died at the age of 44. A biographical sketch, with others now in preparation of all the members of the society not heretofore printed, especially of those who have died within the last ten years, we hope to have shortly appear.

NOTES AND COMMENTS.

Stability of Calomel—By P. Hoglan (*Chem. News* vol. 42, p. 178).—The conversion of calomel into corrosive sublimate by the chloride of the alkaline metals, and also by the organic acids, has been for a long time a vexed question; hence the author made a series of experiments to discover the cause of the great discrepancies on this subject, and also to ascertain the correctness of Verne's assertion that "the danger of acid drinks when using calomel is pure prejudice."

The conclusions drawn from the author's experiments show, first, that calomel is slowly converted into corrosive sublimate by water at the temperature of the human body; secondly, that chloride of sodium, citric acid and sugar promote the conversion of calomel into corrosive sublimate, and hence are more or less dangerous when present in the system with calomel; thirdly, that the discrepancies in regard to the stability of calomel are in part accounted for by taking into consideration the temperature at which the experiments have been conducted (78° F. and 98° F.); fourthly, that at the temperature of the human body calomel is an unstable body. M. Perkins, M. D.

Two Urethral Calculi Spontaneously Voided. (Contributed by Dr. A. Shiland).—A child, male, two years old, suffered intense pain in the urinary organs, with constant desire to urinate, passing water only in drops, with at times entire retention. The difficulty lasted four weeks or more. After a severe paroxysm, the child pulled from the end of the penis a stone, five-eighths of an inch long and as large around as a number nine catheter. The stone is here exhibited. A flat, smooth surface at one end indicated friction from another stone. Entire relief did not follow the passage of this stone, and a similar train of symptoms continued for nearly two weeks, when the child, being in a hot bath to relieve the suffering, passed another stone, which was lost in emptying the bath. Since that time the child has suffered no pain or difficulty in urinating.

Dr. Thomas M. Trego was married, September 15th, to Miss Jessie Carpenter, of this city.

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RENAL CALCULUS.

B. U. STEENBERG, M. D., ALBANY.

The subject of this sketch is a spare but active woman, 51 years of age, having borne nine children. Came under my care in 1873. She gives a history of attacks of hepatic and renal colic.

She stated that during one of her earlier attacks, from which she did not recover for a number of weeks, that she vomited a handful of stones. These attacks of colic continued to occur at varied intervals until a year ago, about one year having then elapsed without requiring any treatment. I was then summoned to attend her in great haste; found her suffering intensely from a pain in the right side and back, in the region of the liver and kidney, with a marked fullness in the side, extending downward, and great tenderness upon pressure. This attack had commenced a week or ten days previously, but as it seemed to be of a different character from all preceding ones, and not as severe at first, she had delayed sending for me in the hope that it would wear away. The pain was described as of a gnawing, grinding or twisting character, and sometimes throbbing. I administered fifteen minims of Magendie's solution of morphia hypodermically, and left her entirely relieved in about half an hour. A few hours later I saw her again, and found her still comfortable. The next morning, the pain having returned, she was allowed fifteen drops and upward, as occasion required, of tr. opii deod., and repeated whenever from this time forward it seemed indicated for the relief of pain.

She now informed me that she had been voiding, for several months, very dirty-looking urine, though it was passed freely and in ample quantity without trouble or pain. It had the appearance of being fully one-half pus. Analysis at different times showed it to contain a trace of albumen, urates and phosphates, later granular casts and a scanty amount of pus. In 1874, after an attack of colic, she voided large quantities of uric acid gravel, from the size of a pin head to a small pea; since, however, she has not reported a similar occurrence.

During the early part of the attack vomiting was quite persistent for a time, and constipation obstinate. There was more or less nausea throughout the disease. The skin was jaundiced. Pain continued, with intermissions of a few days only at a time, when she would be quite comfortable. Loss of appetite was complete while the severe pain continued, often several weeks at a time, and in consequence the patient became very much debilitated. There were at no time symptoms of uræmic poisoning. The menstrual function, which had always been regular, ceased about two months after the beginning of the attack and did not again recur. For the last three months her severest pain was located in the right hip, seeming at times, as she described it, as though the bone was being scraped by a knife.

Dr. Van Derveer and Dr. Hale saw the case several times with me. At first there were indications that the liver and kidney were both implicated, but later, as the case progressed, tenderness in the region of the liver disappearing, the ability to trace the outline of the enlarged and tender kidney, and the fact of the presence of pus in the urine, led to the exclusion of liver complication, with a diagnosis of renal abscess with possibility of stone. She was put upon a tonic treatment from the beginning, with anodynes to relieve pain as occasion required. After a time she gradually improved in strength, suffered less pain, and was able to take short walks.

August 17th I called upon her and found that she had gone to another part of the city to spend the day with a friend. Riding over in a carriage, she experienced no discomfort and enjoyed the day. Returning, she was obliged to depend upon the horse-cars, which, unfortunately, ran off the track, and she was terribly shaken. The pain returned with all its violence. She feared she would be unable to reach her home alive. From this time the pain was almost continuous to a greater or less degree.

April 5th, 1881, I was summoned in great haste to her. I had not seen her in about two weeks. I found her suffering intensely with symptoms of pleurisy and pneumonia. She had been in the habit of sitting up in bed at night when the pain was severe, and in this way had taken cold. She died on the 10th at 11 A. M.

Autopsy thirty hours after death. Rigor mortis well marked; body greatly emaciated. Left lung.—Slight adhesions at apex; crepitation distinct in upper lobe; lower lobe in stage of red hepatization and covered with a deposit of recent lymph; about half an ounce of serum in the pleural cavity. Right lung.—Old adhesions at apex and laterally and posteriorly; lower lobe in the stage of red hepatization, but to a less extent than left lung; recent pleuritic adhesions. Heart normal. Liver enlarged, but tissue apparently healthy. Ductus communis choledochus bound by adhesions in a tortuous course. The gall bladder contained one ovate calculus about the size of a robin's egg. Right kidney at least twice the normal size, being enlarged principally in its thickness. On cutting through the cortical substance, pus welled through the incision; the knife came in contact with a large calculus, which was found to occupy not only the whole of the pelvis and infundibula, but also encroached upon and destroyed a large portion of the pyramids and cortical substance, others, you will observe, lying in other parts of the kidney, all possessing roughened surfaces. One-third or one-half of the secreting portion of the kidney has been sacrificed by the presence of these stones. Left kidney has undergone complete atrophy, the result of the perfect plugging of the ureter by a large calculus. A few adhesions were found on the convex surface of the spleen. Bladder contained quite a quantity of pus and urine. Uterus and appendages healthy. The greatest wonder to me in this case is that the patient did not die months ago, at least. She certainly has been deprived, for a longer or shorter time, of the use of about three-fourths of the secreting surface of her kidneys, and yet at no time has there been less than a normal amount of urine passed in the twenty-four hours, but at times she has voided much larger quantities.

Discussion.

Dr. A. Van Derveer: This patient was under my care years ago. She had then frequent attacks of hepatic colic, but later

renal colic; she complained of pain over the region of the right kidney, and a tumor could be recognized. It is common enough for small renal calculi to be discharged, but stony concretions in the pelvis of the kidney are rare. Dr. Haskins had a case in which suppression of urine was caused by a large renal stone located in the pelvis of one kidney. Here we have the left ureter obstructed by calculus, with ensuent atrophy of the kidney, and in addition calculus of the pelvis and calyces of the right kidney, with extensive disorganization. For the relief of this, an operation has been done for the removal of the kidney; also cutting down on and removing the stone has been successfully done. Removal of the right kidney was thought of in this case of Dr. Steenberg's, and, as we see, would have been fatal, since the left kidney had been so effectually obliterated.

Dr. S. O. Vander Poel: The fibrous stroma of the left kidney exhibited is firm, showing that it is old stroma, and the condition one which has existed for some time.

NON-SPECIFIC URETHRITIS IN THE FEMALE.*

M. J. LEWI, M. D., ALBANY.

Within the past few weeks three cases of urethritis have occurred in my practice, whose etiology has been obscure, and whose progress has been so characteristic as to warrant a report of the same.

Case 1.—Mrs. H., aged 38, married for a second time about six months ago. Seven weeks ago, I was summoned to her house in Greenbush, where I found her in great pain. The day previous to my visit, she felt a burning sensation in voiding urine, which was aggravated during the night to such an extent as to banish sleep. The following morning I was called, but could not respond until afternoon. An examination showed the pulse to be 108; temperature, $102\frac{3}{4}$. The labia was normal, as were also the walls of the vagina, excepting within a few lines of the urethra, which, through the vaginal walls, felt like a whip-cord, hard and painful to the touch. The pain extended along the urinary tract as far up as the kidneys on both sides. Pressure along the urethra as far as the meatus showed no signs of pus, nor any other than a slight mucous discharge. The meatus was red and angry looking. The patient had her menses twelve days previous to the first signs of her present ailment, and had not

*Read before the Tri-county Medical Society.

cohabited since that time. There was no leucorrhœa. The patient could assign no reason for this sudden attack, excepting that she had been out on a rainy day five days before, and upon coming home felt chilly. An ordinary ear-speculum was introduced in the urethra, and as far as could be seen, the canal was in the first stages of inflammation. A flexible catheter, dipped in a salve of carbolic acid and vaseline, was next introduced, and created great pain whilst traversing the first inch of the tract, when it passed more easily on towards and into the bladder. The urine, as it passed through the catheter, was collected in a vessel, and the after examination showed it to have a slight excess of phosphates; decomposition commenced very soon after. Holding the index finger of the right hand against the urethra as far back in the vagina as possible, injections of warm water were made with a small glass syringe. The patient was ordered to remain in a recumbent position—a teaspoonful of rochelle salts to be taken every hour until a free evacuation from the bowels was effected. Mucilaginous drinks were prescribed, and vaginal injections of warm water every hour. A dessertspoonful of liquor ammonii acetatis was taken at 7 P. M. The following morning the patient felt greatly relieved, and three days after the manifestation of the primary symptoms the urethritis had subsided. At no time was there a purulent discharge.

Case 2.—Mrs. T., aged 35, married two years, six months pregnant, called two months ago to engage my services at her expected confinement. Two weeks ago she again called at the office, complaining of dysuria. Being quite busy at the time, I paid but little heed to her case, prescribing tr. belladonnae, four drops every three hours. The following day I met her on the street, when she stated, as an excuse for her being out doors, that she was feeling all right, the unpleasant symptoms of the past thirty-six hours having subsided. The following day, at 4 P. M., a messenger came in hot haste from Mrs. T.'s, requesting my presence at once, as all the family and friends thought she was dying. I responded to the call as soon as possible, and found my cured patient of the day before lying on her back, her right limb drawn up to her thigh, an anxious look on her face, pulse 115, temperature 101.5, breathing hurried and short. She complained of pain around the genital organs in the right leg, on both sides and over the uterus. Percussion showed that the bowels were filled with flatus, and the uterus was sensitive to

the touch through the abdominal walls. An examination of the vagina showed the labia somewhat swollen; from the meatus urinarius a muco-purulent discharge was exuding. The urethra could be felt through the vaginal walls to be solid, enlarged laterally, and very sensitive to the touch. There was a constant desire to void urine, followed now and then by the passage of a few drops high-colored and smelling abnormally. Being in doubt about my diagnosis, as between gonorrhœa and urethritis, I had visual proof from the husband that he at least had no disease, being further convinced by the testimony of both that they had not cohabited in ten days. There was no moral probability that any one other than her husband had ever had connection with the patient. As the readiest means of quieting the pain, I introduced a one-grain opium pill, which I happened to have with me, in the urethra, and ordered hot water vaginal injections. I, myself, gave the patient a rectal injection of soap-suds, castor oil and warm water, which at first caused great pain, but being followed in about twenty minutes by a copious evacuation of the bowels, gave relief. The following morning the pain and swelling had, in great part, subsided, but the discharge from the urethra was still as marked as during the night previous. By means of an ordinary dressing forceps, the walls of the canal were separated, and a ½ per cent. solution of sulphate of zinc was washed into the urethra; the hot water vaginal injections were ordered continued. Bals. copaibæ was prescribed in small doses, and five days after the attack the patient was discharged from treatment cured.

Case 3.—Mrs. S., aged 43, twenty-two years married, mother of three living children, called at the office about ten days ago to be treated for a slight bronchitis, which she thought had been contracted a few days previous, having been "exposed to a draught" whilst washing clothes. Expectorants and sedatives were prescribed, and the patient departed, to return the following afternoon, complaining of pain throughout the entire genito-urinary tract, bronchitis very much aggravated, conjunctivae inflamed, throat sore, nose running, pain in all the joints, frontal headache and excessive pain during micturition. A digital examination of the vagina threw no light on the case, excepting that the parts were above the normal temperature, to judge from the sense of touch. A visual examination showed the vaginal walls to be red and angry looking. There was turges-

cence of the blood vessels coursing through them. The urethra showed the same condition, whilst from the meatus a muco-serous discharge was oozing. The temperature, as registered in the vagina, was 103½° Fah. The same treatment as in case two was ordered, and quiet enjoined on the patient. The following morning I called at the patient's house, and found that she had passed a sleepless night. Examination showed the urethra to have become hard and distended, extremely painful to the touch. The discharge had assumed a muco-purulent character, and had incited a similar state of affairs in the vagina, which was bathed in a discharge almost as viscid as that which was coming from the urethra. The general condition was even worse than on the previous day, but the treatment was persevered in, with the frequent use of opiates to quiet the almost unendurable pain. For five days there was no amelioration of the symptoms. Hot body baths were then ordered morning and night; and as I write, the eleventh day after the attack, the patient is so much improved as to be about the house, having, however, a slight discharge from the urethra, almost gleety in character, and a dry cough.

In all three of these cases there was a possibility of the presence of gonorrhœa. In Case 3, however, the general cold of the system, almost amounting to an inflammation of the entire mucous tract,, the exclusion of this disease could be more readily made. The value of being able to differentiate between gonorrhœa and urethritis lies not so much in being able to treat the case properly, as in case of necessity to be able to state positively that such is not and so is the case. From a medico-jurisprudential standpoint, it is of the utmost importance, and the fact that our medical authors treat the subject so slightingly, has led me to a description of these cases, which, differing in so many essentials from one another, are still characteristic of the forms which an idiopathic inflammation of the urethra may assume. Some persons when exposed to changes in the atmosphere, will at once show it by a catarrh of the schneiderian membrane; others will have a conjunctivis; others still a diarrhœa indicative of intestinal catarrh; others again will develop some bronchial affection. In fact, no part of the mucous tract is exempt from these barometrical registrations. And so, too, the urethra particularly in women, now and then registers its objections to undue exposure through the medium of an active inflammation,

which at times will subside under careful treatment, but again will baffle medication for days and weeks. The result of the treatment, the rapid recovery in Cases 1 and 2 particularly, would prove conclusively that the urethritis was not specific in its nature. In Case 3, the cause was a general one, dependent, as has been above stated, on a general inflammation of the mucous tract.

CASE OF IMPALEMENT THROUGH THE VAGINA.

THOMAS BECKETT, M. D., ALBANY.

I was called on the night of October 1, 1864, to see Mrs. O., residing in Spruce street. On arriving at the house, I perceived a quantity of blood on the ground by the side of a hogshead which had been sunk in the earth, to serve the purpose of a cistern, leaving about eight inches of the staves above the surface, some of which were broken out, leaving others standing like the tops of fence pickets, rotten and uneven. Following the track of the blood, which led into the house, up the stairs and into a room, I found the lady, who is about 45 years old, lying on a bed, very pale and evidently suffering great pain.

On inquiring, I found that she had gone down stairs, and, in attempting to get some water from the hogshead, mentioned above, she had fallen forward, one limb passing inside the cistern; she descended with great force, and was impaled through the vagina on one of the projecting staves, which was about three inches wide and one-half inch in thickness at the end, and was held until her daughter, attracted by her cries, came and assisted her from her painful situation.

On examining, I found a clot of blood, about as large as a newly born infant's head, lying between the thighs of the woman, and blood still issuing from the vulva. The stave had divided the anterior commissure of the external labia, tearing the left crus of the clitoris from its attachment, and, lacerating the nympha, plunged into the vagina and through its wall on the left side, a distance of about five inches, as indicated by the blood upon the stave. I proceeded to arrest the bleeding by crowding pieces of sponge into the vagina and vulva. As the case was of a serious nature, I sent for another physician, and Dr. Henry March quickly came and assisted me in securing the patient

against further hemorrhage by the use of compresses and a T bandage; and after giving her a full dose of opium and directing that stimulants be given her occasionally, we left her for the night.

Early next morning I visited her and found her suffering greatly from the wound. She complained most of pain in the left iliac region and groin. She was very pale and the pulse very weak and frequent. I found that the blood from the wound had saturated the sponges and compresses, and on attempting to remove them a copious stream issued from the vulva.

In the afternoon Dr. Alden March saw her with me, and after careful examination, found that the bleeding from the wound in the vaginal wall had ceased, and that the present hemorrhage proceeded from the torn crus of the clitoris. The dry powdered persulphate of iron and a piece of sponge, held in position by suitable compresses and a T bandage, was applied, which completely arrested the hemorrhage. The sponge was allowed to remain until suppuration took place, when it was removed very easily and without any recurrence of the bleeding. At this time the discharge from the vagina was very copious and of a most intolerable odor.

The subsequent treatment was of the most simple nature, consisting of the administration of opiates, tonics and light nutritious diet.

The disagreeable odor of the discharge was effectually overcome by injections of liquor sodæ chlorinatæ, one part to eight of cold water, thrown into the vagina twice each day. At the end of the fourth week the wound in the vagina had healed, leaving a pouch or sac about four inches from the mouth of the vagina, large enough to admit the ends of three fingers and about half an inch in depth, and the offensive discharge had entirely subsided. The external lesions had also healed, and the dressings discontinued. In five weeks the patient recovered sufficiently to walk, complaining only of a slight pain in the left groin and numbness and coldness of the left thigh and leg.

E. Grimaux has found that codeine is simply the methylic ether of morphine, and, hence, the latter may be converted into the former. A series of new bases, of which coedine is the type, may be made from morphine as a sub-stratum.

EDITORIAL.

The Registrar's Report.—If the eleventh annual report of marriages, births and deaths in the city of Albany fails to be all that it should, it is no fault of its compiler. That it does come short in fullness, accuracy and scientific precision, is no more manifest than has been with its ten predecessors. Registry of vital statistics ought to be kept by an expert and published under expert supervision.

This report is prefaced by the usual lament of neglect on the part of clergymen, physicians and undertakers. How to induce these recalcitrant individuals to perform what is required of them, has been a question agitated even by the State Board of Health. It is difficult to enforce a law unless a penalty accompanies it. If simply regulative it will be ignored; and if a penalty is attached it may be held that the imposition of the burden upon a fraction of the community, itself makes the law nugatory. At any rate, as regards the ordinance in relation to birth returns, the duty is fixed upon so many that it tends to absolve all. It must be true that a large number fail of being reported. According to this report the births for the year were 1,081, less than the deaths by 123. The fairest enforcement of their full registry would be upon the parents; but the medical profession ought to be enough alive to its value to assume this public work, as far as they are related to it, faithfully. Very few births would fail of a record if they did, for it is well known that the large number in the hands of midwives are quite fully reported.

As to the deaths, the law could easily be enforced. That it is not, all physicians know, unless the medical certificate of death is frequently omitted. It is likely that returns are made without this, and the registration is probably more complete in this than in the other two items. The entire number for the year is 1,204, making the death ratio 13.25 to each 1,000 inhabitants — a trifle higher than it was last year. This makes a very good health showing for the city. And it is a curious fact that, although the city is undoubtedly growing, the number of deaths is much less than it was ten years ago. In 1871–2 the returns amounted to 1,853, and there was a steady fall each year till 1876–7, when the number was 1,138. Since then it has had a tendency upwards.

The deaths are classified into several tables, some of which it is impossible to see the value of. That of No. 10, for instance,

from which we can gather that December is a good month for widowers and April a bad one for widows. There are three good tables: No. 9, showing the number of deaths for each month, along with those of the last ten years; No. 13, giving the deaths by wards for each month; and No. 15, recording the number of deaths at various ages and for each month. We find the midsummer months of July and August our most unhealthy, and that March comes next to them. This is pretty uniformly shown through the years back. Our healthiest season, by far, is shown to be the fall. Midsummer, with its infant mortality, and early spring telling upon pulmonary and kidney diseases and old age, are our unhealthy seasons.

The table localizing the deaths shows a remarkable fact — that the newer outskirt wards have much the greatest mortality. North and West Albany are shown to be twice as insalubrious as the central wards, and the region south and west of Dove street and Western avenue has, for some reason, the most deaths of all. The long-settled wards of the south part of the city, though lying low and thickly settled, do not appear to be sickly. This table would be more valuable if it showed the percentage of deaths to the ward population, having now little value, save as one may estimate the population of each ward.

Over thirty per cent. of the deaths occurred under three years of age — a large proportion. The next largest percentage comes between thirty and forty years of age.

Turning to the table of the causes of these 1,204 deaths, we should be glad to feel that some unscientific person, such as an undertaker, had probably a hand in their reports. We are sadly forced though, by the very scientific nomenclature, to absolve them of some of the hodge-podge. Deaths are recorded from ascites, dropsy, asphyxia, congestion, hemiplegia, jaundice, paralysis, teething, disease of liver, and tumor.

Seventy-three died from asthenia, exhaustion and general debility. Such inexact causes are given as abscess, accident, anæmia, disease of brain and heart, cyanosis, hemorrhage, hypertrophy of liver, murdered, poison, and perhaps nervous exhaustion and old age might also come under this criticism, though we would not be too nice. Who had the cases of gastritis and hepatitis, and endo-metritis? Somebody, possibly. We should like a report of the three cases of pyæmia. Is it possible that there were forty-eight deaths from croup?

This table might be greatly improved if the Registrar would allow a medical friend to revise it. Diseases entered under various names could thus be brought together. It has been worse in former years, however, than this. It is a question how much this table may be relied upon in any respect; in the gross, however, certain facts may be gathered. Nearly one-sixth of the deaths are from consumption. This hardly seems possible. Besides there are 130 deaths from acute pulmonary diseases. If not really reliable this may be allowed to shadow the fact that lung diseases are our most prevalent and fatal. Besides there are deaths reported from laryngitis, croup and diphtheria. Of the latter 33, scarlatina 19, cerebro-spinal fever 6, typhoid 32, and whooping cough 12 deaths occurred. Zymotic diseases have not been prevalent. There were seventy-five deaths from bowel disorders. Considerable is to be gathered from this report in a general way, but more faithfulness in reporting and technical knowledge in preparation and publishing are essentials, the want of which stands out.

BOOK NOTICES.

TEXT BOOK OF MODERN MIDWIFERY. By Rodney Glisan, M. D. Philadelphia: Presley Blakiston.

The author has certainly succeeded in writing a book which represents the peculiarities of American practice. Unfortunately, the works of Leishman and Playfair, which are so generally used as text books in this country, contain so many additions by their American editors as to confuse the student. Glisan's work is free from this objection. The chapters are arranged simply, and are carefully written. The work has evidently been written by one not only thoroughly conversant with the literature of the subject, but whose opinions have been formed by a wide experience. The style is free from obscurity, thus rendering the book well suited for the use of students or practitioners. J. P. B.

THE CHEMICAL ANALYSIS OF THE URINE. By John Marshall, M. D., Demonstrator of Chemistry, Medical Department, University of Pennsylvania, and Edgar F. Smith, Ph. D., Professor of Chemistry, Muhlenberg College. 12mo. Presley Blakiston.

There is certainly no dearth of books on this subject, but the latest ought to be the best. This little hand-book of 100 pages,

one of a series issued by the publisher, is well adapted to the use of the student in the laboratory, and as well to the practitioner's table. Physicians do not avail themselves enough of the information to be obtained from the urine. It is too general for abnormal constituents to be looked for alone; very much can be learned from a quantitative estimate of the normal elements. In many of our cases we ought to know, for instance, how much urea is passing from the system. To make this estimate, it is necessary for most to have a guide of procedure at hand, and doubtless we are deterred by a cumbersome volume, an excuse for neglect which this handy book removes. And practicable methods of quantitative analysis, such as Fowler's for urea, that do not require extensive chemical apparatus or expertness, have been devised and are here described. This subject has called forth two or three good papers before this society not very long since. The last pages of the work are given to urinary deposits, making it complete in its way for the office table, for its place on which it is commended. F. C. C.

A Guide to the Use of the Saratoga Mineral Waters. By W. O. Stillman. M. D., of Saratoga Springs.

Part of this duodecimo pamphlet of fifty-seven pages was read before this society by the author last year. Some place great value upon the use of various spring waters, therapeutically; others regard them with contempt. Doubtless, their charming surroundings add much to their happy effect, though we have constantly before us the printed assurance of some extremely well known physicians that there is great virtue in some of them as a bottled beverage. We must take all these, of course, with a grain of salt. At the springs themselves it is but natural that the medical men should believe in them, and they have no doubt seen much good come of them. Our author has filled two double-column nonpareil pages with an index of diseases that these waters may in some degree reach. Analyses of the springs is given and a classification of them into cathartic, alterative and diuretic, chalybeate, alkaline, and sulphur waters. The pamphlet is written probably more for the laity than for the profession, and comes far short of being entitled to scientific consideration, but still considerable may be learned from it in a general way about the Saratoga Springs. The medical men of France and Germany would be at their wit's end if their multitude of springs up and down the continent were annihilated, and possibly ours possess virtues which we have not sufficiently availed ourselves of. F. C. C.

THE MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

SESSIONS OF 1880–81.

ABSTRACT OF THE MINUTES OF THE STATED MEETINGS OF MARCH 23, APRIL 14 AND 27, AND THE SEMI-ANNUAL MEETING OF MAY 10, 1881.

The eighth intervening regular meeting was held in Alumni Hall, Albany Medical College, on Wednesday evening, March 23, 1881.

Dr. R. H. SABIN read a paper on "Malposition of the uterus during Parturition," which was discussed by Drs. A. Van Derveer, J. P. Boyd, S. O. Vander Poel, E. A. Bartlett and F. C. Curtis.

Dr. G. H. NEWCOMB reported a "Case of Extra-uterine Fœtation," and exhibited specimens; discussion by Drs. William Hailes, Jr., J. P. Boyd and A. Van Derveer.

Dr. J. P. BOYD reported a "Case of Cancer of the Stomach." Discussed by Drs. R. H. Sabin, William Hailes, Jr., F. C. Curtis, S. O. Vander Poel and A. Van Derveer.

Dr. A. VAN DERVEER presented "An Enormously Enlarged Cancerous Liver," with a full history of the case. Discussion followed by Drs. William Hailes, Jr., R. H. Sabin and N. L. Snow.

Adjourned.

The ninth intervening regular meeting was held in Alumni Hall, Albany Medical College, on Thursday evening, April 14, 1881.

By motion of Dr. J. C. Shiland, Dr. S. O. VANDER POEL was called to the chair in the absence of the President and Vice-President.

Dr. R. H. SABIN reported a case of valvular disease, accompanied with paralytic symptoms. Discussion by Drs. S. O. Vander Poel, J. C. Shiland, Jno. Ben. Stonehouse, John Thompson, J. S. Bailey, H. I. Fellows, D. H. Cook and C. Devol.

There was exhibited to the society a large aneurism of the arch of the aorta, which was sent to the meeting from the dissecting room by the Demonstrator, Dr. Eugene Van Slyke.

Dr. MAURICE J. LEWI read the history and exhibited specimens of a "Case of Carcinoma of the Stomach and Omentum." Discussion by Drs. L. T. Morrill, S. O. Vander Poel and Charles Devol.

Dr. B. U. STEENBERG exhibited specimens of renal stone from a "Case of Renal Abscess with Atrophy of Opposite Kidney."

The subject was discussed by Drs. Albert Van Derveer and S. O. Vander Poel.

Adjourned.

The tenth regular intervening meeting was held April 27, 1881, in Alumni Hall, Albany Medical College.

Dr. A. Shiland in the chair.

Dr. N. L. Snow read the history of a "Case of Pyelo-Nephritis," which was discussed by Drs. Van Derveer, Hailes and Hoit. The specimen was, on motion, referred to the pathological committee.

Dr. A. T. Van Vranken reported a "Case of Fracture of the Skull," with loss of brain-substance, followed by recovery. Dr. Collier reported a case quite similar, and Dr. Van Derveer spoke of the accident as seen in army practice. Dr. Hailes also made reference to a case of the same nature.

Dr. P. B. Collier read a paper entitled "An Unusual Complication in Typhoid Fever." It was discussed by Drs. Curtis, Perry and Van Derveer.

Drs. W. J. Nellis and T. W. Nellis were proposed for membership by Dr. Van Derveer, and the proposals were referred to the Board of Censors.

Adjourned.

The semi-annual meeting was called to order on Wednesday, May 10, 1881, at 3 o'clock, in the Albany Medical College.

By motion of Dr. S. H. Freeman, seconded by Dr. March, all regular business was suspended, out of respect to the memory of Dr. James P. Boyd, Sr., who had died upon this day; and the President was authorized to appoint a committee to draft resolutions expressive of the sentiment of the Society with regard to the death of Dr. Boyd, and report the same at a special meeting on Thursday next, May 12.

President Shiland appointed as such committee, Drs. Thomas Hun, A. Van Derveer, S. H. Freeman, W. H. Bailey and John M. Bigelow.

On motion, the meeting was adjourned, subject to the call of the President.

The adjourned semi-annual meeting was held May 25, in Alumni Hall, Albany Medical College. Dr. John Ben. Stonehouse presented the report of the committee on registration, as follows: The committee on registration would respectfully report that Dr. John F. Keay, who was elected at the last annual meeting, has since died, before signing the register. Dr. Fegan, who was also elected at that time, has failed to sign the register. The list of physicians registered at the county clerk's office has been printed in accordance with a resolution of the society, and the committee is now engaged in verifying this register, as to the authority for practice given by the signers. Owing to the

delay in getting information from one or two colleges, a full report cannot be made at present.

Dr. W. N. Hays, secretary of the Board of Censors, reported favorably the following applicants for admission to the society, viz : Drs. John F. Lockwood, George S. Munson, T. W. Nellis, W. J. Nellis, S. E. Ullman, all of whom are graduates of the Albany Medical College ; also, the following applicants for non-resident membership : Drs. John Hammer and Milton Turnure, both members of the Schenectady County Medical Society. The report was adopted and the secretary cast the vote of the society for the gentlemen whose names were reported, who were then duly elected to membership.

Dr. A. Van Derveer alluded to the semi-centennial anniversary of the practice of Dr. Thomas Hun, of this city, and moved that a committee be appointed to make arrangements for the proper celebration of the occasion, and report the same at the annual meeting, October 11, 1881.

Dr. J. S. Bailey seconded the motion of Dr. Van Derveer, and moved to amend by adding that the same committee take action in regard to the semi-centennial of the anniversaries of practice of Dr. J. B. Rossman, and Dr. C. Devol.

Dr. S. B. Ward seconded the amendment of Dr. Bailey, which was accepted by the mover of the original resolution, and was unanimously carried.

The president, Dr. A. Shiland, announced as such committee Drs. S. O. Vander Poel, Sr., Albert Van Derveer, J. S. Bailey, S. B. Ward and J. S. Mosher.

The society then elected a nominating committee, to report at the annual meeting, as follows: Drs. F. C. Curtis, A. Van Derveer, T. D. Worden, T. P. Bailey, H. E. Mereness, N. L. Snow, John Thompson, H. S. Case, Jno. Ben. Stonehouse

The vice-president, Dr. William Hailes, Jr., then delivered the semi-annual address, on the "Importance of the Study of Embryology." Having an incubator in actual operation, he showed living examples of the various stages in the development of the chick, and described the methods of procedure for the study of this subject and its importance to the student. At the close of his remarks a vote of thanks was given for the able and instructive address.

On motion of Dr. J. S. Bailey, Drs. S. H. Freeman, T. P Bailey and T. Featherstonhaugh were appointed a committee to procure portraits of members.

Adjourned.

LORENZO HALE,
Secretary.

THE

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PYELONEPHRITIS; FISTULÆ, WITH PYORRHŒA, PERFORATION, AND ADHESION OF INTESTINE.

BY NORMAN L. SNOW, M. D., ALBANY.

The prominent features in the case, which has been one of much interest to me, are the abscess in the kidney, the perinephritic abscess, the adhesion and perforation of the intestine (opening into the kidney), the quantity and offensiveness of the pus discharged, and the discharges of gas and calcareous substances through the fistulæ. Another point, which will be well to mention, is the length of the disease.

Mr. J. R., aged 39 years, first noticed a weakness in his back while in the service of the United States army, in the early part of 1863. The weakness did not at the time cause him any great anxiety, as he attributed it to fatigue or a slight derangement of his kidneys, and felt that rest was all that was necessary to alleviate this condition. This did not prove to be the case, however, as the weakness gradually increased, and finally was accompanied by marked and distressing pain. He was finally obliged to abandon active service, and enter the army hospital. His case was diagnosed as typhoid fever, and treated as such. He recovered sufficiently after two months to again enter the ranks, but did not enjoy very good health, and, after long marches or active work, was greatly prostrated. He entered the hospital but once afterwards, for an injury he received in his arm, and was discharged from duty in 1865. Nothing troubled him after this, save this weakness in his back, and he was able to perform his

duties on the farm and railroad. His general condition during his service in the army and elsewhere was comparatively good, and he complained of his back only when greatly fatigued from standing on his feet, or heavy work. He continued in this way until 1874, when, while unloading hay in a barn, he received a fall of about twelve feet distance, which resulted in severely injuring the crest of the ilium on his left side. There was great tenderness and extensive ecchymosis of the part injured, but he was able to resume his work two weeks later. He felt no trouble with his back until September, 1876, when he was compelled to stop work, on account of distressing pain, brought on by the slightest movement of his body, his back being all over very sensitive to the touch. Later on in the year, he noticed that there was a particular spot where the tenderness was more marked. In December, his wife perceived a swelling in the left lumbar region,which gradually increased in size, and extended for a considerable distance, seemingly radiating from the spot from which he experienced the most tenderness. This, after a time, became of a purple hue and very painful. His health gradually failed, so that, in the early part of 1878, it became necessary for him to take his bed. His appetite failed, he had excruciating pain in his back and left side, and was at times delirious. I was called to see him on the 25th of May, 1878, and a few days later, in company with Dr. Van Derveer, we decided to aspirate. I introduced the needle of an aspirator to empty the abscess, but, owing to the thick and stringy condition of the pus, could not get any amount. Allowing the needle to remain in the sac, to act as a guide, I made a free incision with the knife, removing three pints of pus of a gelatinous consistency. He was instantly relieved of pain, and obtained considerable rest. A flax-seed poultice was applied and some internal medicine given. The cavity was washed out daily with a carbolized solution. Eight or nine months after the incision was made he noticed that gas was discharged through the opening. It increased in quantity, and became very offensive, as did the pus at times, more or less. About the latter part of July, 1878, the fistula closed, and remained so for several days, when it opened, and a large quantity of pus again escaped. A year later a second opening formed, and it also discharged pus. A few months later a large quantity of seeds were discharged through the fistulous opening, which he believed to be those of some strawberries he had eaten

a few days previous. In the fall of the same year, two seeds were discharged with the pus, and as they passed out gave a scraping sensation, but not pain. He thought that they were black raspberry seeds which he had eaten a few days previous. In July, 1880, two small pieces of calcareous substance were discharged, and, upon examination, they were found to be very hard and brittle, and the surface of each was filled with many small and deep depressions. In December of same year, he noticed a swelling extending from the opening, over the crest of the ilium and beneath Poupart's ligament, down to the femoral region. Pressure upon this swelling reduced its size very considerably, but it would appear the instant the pressure was removed. It felt as if it was the result of emphysema, and that it communicated directly with the opening in the back. He gradually became reduced in health and strength, and finally died on the 27th of February.

Post-mortem, 48 hours after death: Body extremely emaciated, pale, and almost bloodless. The external surface of body did not present any very noticeable features, save within the region heretofore described, where the tissues were elevated and very ecchymotic and evidently infiltrated with gas. The thoracic viscera were normal, save firm pleuritic adhesions on the right side.

Abdominal cavity: The first noticeable feature observed in this cavity was the complete obliteration of the omentum. The intestines were very pale and the walls thin, evidently the result of their irregular action, as he was at times very much constipated, and then again suffered greatly from excessive diarrhœa. This condition of the bowels was due to the intestine being bound down to the mass, thus preventing its peristaltic action. No marks of ulceration were found in any portion, save where it was adherent. The liver was in good condition. Bladder healthy. Right kidney large and somewhat granular; otherwise it was healthy. In searching for the left kidney, my hand came in contact with a hardened mass which occupied the whole of the lumbar region and the lower part of the left hypochondrium. It was necessary to remove the intestines, save a small portion of the descending colon, which was firmly grafted to the mass, to enable us to more fully study the nature of the tumor, which was adherent to the peritoneum, as was it to the spleen. It required some little effort to cut the adhesive bands, as the structure was

dense and firm,—almost the consistency of cartilage. The mass removed was the shape of a kidney, but much larger, measuring six inches by four by two and a half. The portion of the descending colon which was adherent measured four inches in length. On the under surface of the kidney, at the junction of it and the spleen, a large cavity was observed, which, before it was removed from the body, communicated with the external fistulous openings. The walls of this cavity were formed by the under surface of kidney and peritoneum. On upper surface and lower end of kidney, the point of union with the intestine, two openings were found, which communicated directly with the cavity just described. On making an incision into the kidney, a very peculiar condition of affairs was discovered, in the form of a small cystic tumor. Its surface was of a pinkish hue and very smooth and pear-shaped. The kidney substance was not adherent to this tumor, but, instead, appeared very much as does the pleural cavity to the lungs. On making an incision through its walls, which were probably one-eighth of an inch in thickness, it was observed that the sac was filled with a thick and stringy pus. This pus was discharged through a small opening at its base, which communicated with the channel leading from the point of adhesion of kidney and intestine to the sac or cavity on under surface of kidney, which was in relation to the external fistulæ. The structure of the kidney was materially changed. The cortical substance was almost obliterated, and but a slight trace of the pyramids could be distinguished, and the general condition of the kidney resembled that of a cancerous degeneration. There were numerous small points, which were hard and of a calcareous character in the medullary portion, while the surrounding tissue was granular. On microscopic examination, it presented much the same appearance in character as a soft carcinoma. The cells, however, were much smaller than those of carcinoma and the stroma in larger proportion. There were observed numerous spindle cells and stroma, but not of a proportional size that would show with certainty the exact kind of degeneration. It is evident, however, that there was a tendency on the part of the kidney to assume a cancerous degeneration. The important features which are deserving of consideration are, first, the abscess found in the kidney; second, the perinephritic abscess and fistulæ, and, third, the adhesion of the intestine to the mass.

These conditions may have been the result of analogous causes, or the effect of a single one, but to point with any certainty to the exact cause is somewhat difficult. It would not be safe to surmise that the abscess was developed at a very early date, yet his history gives truths which are made acceptable, from the want of sufficient proof that reads to the contrary. The primitive causes which influenced the change in the structure of the kidney were cold, exposure, and fatigue, and which, subsequently, from want of rest and proper treatment, kindled up an inflammation of the left kidney. This condition, however, kindly subsided, and he felt comparatively well up to the time he received his fall in 1874. As the result of his injury he had circumscribed peritonitis, which eventuated in the binding down of the organs and parts in that region. Whether the function of the kidney was interfered with by the adhesive bands or by disease which supervened to the injury is an important question; evidently it was the latter cause which impaired the function of the organ, because he had experienced a difficulty with his kidney previously, and the fall aggravated it. The inflammation which was present may have invaded the ureter to such an extent that the calibre was diminished in size, or there were formed connections which lessened the diameter of the ureter by being thrown into it. The retention of urine, in consequence of ureteral obstruction, would tend to excite an inflammation, resulting in pyelitis or pyelonephritis; in all probability the latter condition. As I have no analysis of his urine at that date, I am unable to say what condition the kidney was in.

Between the date of his fall and the date of operation the abscesses found were developed, but as to the exact method and time in which they were formed is a question hard to determine. We may safely surmise that the primitive abscess was developed within the kidney, and in consequence of the pus being retained, either because the ureter was narrowed as the result of an inflammatory action or occluded by the presence of a renal calculus, or both ; a rupture of the pelvis of the kidney was the sequel. In consequence of pus being discharged into the peritoneal cavity, peritonitis was again kindled up, which, on subsiding, formed a sac for the reception of the pus. This condition may have existed for some little time, as the cavity was of sufficient capacity to contain the pus discharged.

Finally, as a result of the accumulation of a quantity of pus and the inability on the part of nature to dispose of it, a distention of the cavities produced extreme pain and tenderness in that region of his back. The primary affection, which was not of necessity inflammatory, now excited pyelonephritis. The intestine was very likely invaded by the first attack of peritonitis, and became firmly grafted to the kidney. The perforation of the intestine at its union with the mass occurred immediately before or after the rupture of the kidney. The ulceration was the result of the erosive action of the pus, which had found its way to it through a small channel in the substance of the kidney. It may be possible that the pus was discharged into the intestine previous to the formation of the perinephritic abscess, and, if so, it was unable to evacuate the pus, and consequently the rupture followed. In conclusion, it would be interesting to know what caused the renal calculi and the concretions found impacted in the uriniferous ducts, and at what time they were formed. What prevented the passage of feces into the kidney and thence through the fistulæ, and in what way can we account for the tumor found within the kidney?

RETROVERSION OF THE UTERUS.

BY R. H. SABIN, M. D., WEST TROY.

October 10, 1880, I was called to see Mrs. H., aged 37 years, who had given birth to three living children and had two miscarriages. She is a thin, care-worn woman, weighing about 100 pounds. Health has been poor for several years; has had constant pain in the back and at times severe headache.

I found her suffering with retention of urine and in great pain. This was relieved by the catheter, which had to be used for several days. She was between four and five months pregnant. I found the uterus retroverted, with the fundus resting against the rectum and the cervix against the bladder. The parts were very tender, and, as she was unwilling to take chloroform, and could not bear much pressure without it, but little was accomplished towards relieving the difficulty, except so changing it that she was able to pass water, when she positively refused further treatment. I heard nothing more of the case until December 17, when I was called in haste, and found her with very severe labor

pains. I found the fundus presenting, hard and firm, with the os also hard, and with little or no dilatation, pointing upward and resting against the bladder, the anterior part of the vagina pushed high up, the neck just back of the os, bent over, forming a short and abrupt curvature. So hard were the pains I feared a rupture of the fundus or anterior wall of the vagina, which was already stretched to its utmost. Dr. Ferguson, of Troy, was sent for as counsel. I gave one-third grain of morphia hypodermically, and left her long enough to go to my office for some chloroform,—about forty-five minutes. On my return, I found a great change in the condition of the parts; they were soft and yielding, the os somewhat dilated and dilatable, with a foot protruding. Dr. Ferguson gave her chloroform, and, on making traction on the foot, I soon drew down the other, after which came the body of a dead child, apparently having been dead three or four days. The placenta was delivered with but little difficulty, and, while the patient was under the influence of chloroform, I passed one finger in the rectum and one in the os, and turned the uterus to its normal position. She was about the house in two weeks, at which time I proposed an examination into the condition of the uterus, which was refused.

The following is gleaned from Ramsbotham on this subject: Retroversion of the uterus is rather an accident than a disease, incidental to the pregnant state. The historical review includes a case published at Dantzic, in 1732, by J. A. Kulm, of a woman four months pregnant, whose foot slipped when she was carrying a heavy burden on her back; she was suddenly unable to pass water, and died on the eighth day. The dissection revealed complete retroversion; the bladder was said to be two feet long and one foot broad, and to have contained twenty pounds of urine.

It appears that M. Gregorie was the first to point out the nature of the accident, and to lay down a rational treatment, and that Dr. Hunter was the first to publish it, in 1761.

There is but one period of pregnancy at which retroversion can occur, namely, just about the time when the uterus is rising out of the pelvis to become an abdominal viscus, and this is usually between the third and fourth month. The cause of this accident is most frequently, if not always, to be traced to an overdistended bladder. Meigs says that it is essentially a malady of the round ligaments and utero-sacral ligaments, though the

womb be apparently the suffering organ. The patient seldom feels much inconvenience at the moment of displacement, and her fears are not aroused until, on endeavoring to evacuate the bladder, she finds that only a small quantity of urine or perhaps none at all will pass, notwithstanding that she makes the greatest effort. This is due to compression either of the urethra or of the neck of the bladder against the symphisis pubis by the os uteri. If the bladder thus distended be not relieved artificially, it will burst and its contents become extravasated into the cavity of the abdomen, a fatal termination. Or, what is more likely, a small quantity of urine, being forced out mechanically, will dribble away involuntarily through the urethra; and, although immediate death does not occur, such a degree of irritation will be induced as to cause the patient to sink under the protracted sufferings. Inflammation of the bladder and gangrene or suppuration are likely to set in. The rectum will also be unable to expel its contents without difficulty, and much straining, with severe bearing-down pain, together with an accumulation of feces in the colon, tends to press the uterus downward more, and to aggravate the urgency and danger of the case.

If the woman lives, and the womb is not replaced,— the bladder being relieved by the catheter, and the bowels acting, though with difficulty,— the increasing bulk of the womb adds to the patient's distress; but, being cramped within the bony parietes of the pelvis, the womb cannot grow beyond a certain size, and probably the contents will be prematurely expelled. Many instances have been known in which retroversion has continued till between the sixth and seventh months of gestation, or longer, before abortion finally occurred. Dr. Merriam mentions two cases where retroversion continued till the completion of the natural period of pregnancy.

In the treatment of this difficulty, there are two indications— to keep the bladder and rectum empty; to restore the uterus to its normal position. In the first, the catheter must be used as often as every six hours till the patient can relieve herself; this will often be difficult to accomplish, owing to the displacement, distortion, and compression of the urethra. The bowels must be kept clear by injections and mild laxatives. Secondly, if the accident be recent, and the displacement be only partial, it is possible that, after emptying the bladder and keeping perfectly quiet, the uterus may restore itself

to its natural position; but, if an effort must be made to restore it, place the patient in the knee-elbow or knee-shoulder position, and pass one or two fingers of the left hand in the rectum, and push up, with one finger of right hand in vagina for gentle traction; or, preferably, have the patient on the side, and, after giving her an anæsthetic, pass one or more fingers into the rectum and one into the mouth of the uterus, and attempt restoration.

In case we fail to restore the parts, we must keep the bladder and rectum clear, and remember that some cases have gone through the term of gestation and been relieved at full time.

In other cases, when the life of the patient is in danger, an effort must be made to empty the uterus of its contents by bringing on premature labor, and this is often difficult to accomplish, as the os is so far from its normal axis that it is difficult to introduce any thing to rupture the membranes. In this case the trocar has been recommended, and drawing away the waters through the fundus. Dewees had the greatest confidence in bleeding, which he carried to faintness, and which is also recommended by Boivin, before attempting the reduction.

In the case I have reported, it would appear that the hypodermic injection of morphine is of value for its relaxing effect.

Discussion.

Dr. A. Van Derveer: The most serious miscarriages occur in cases of retroversion or retroflexion of the uterus. A lady who had been married a year, and was about four months advanced in pregnancy, a day or two after a fall, was taken with pain and hemorrhage. Upon examination, I was unable to reach the os, but found a large mass crowding against the rectum. The patient was placed in the chest and knee position, and with the finger in the rectum, the uterus was with some difficulty replaced. The pains, however, continued, a foot presented and the patient miscarried that night. Six months afterward, when in the third month of pregnancy, the retroversion was reduced, and a Scattergood pessary applied. In a few weeks the pessary was changed for a larger size, No. 3; a safe delivery followed at full term.

Dr. J. P. Boyd: It is now almost universally admitted that although this condition, of retroversion and retroflexion of the pregnant uterus, may be produced by a fall or by undue distention of the bladder, still in a large proportion of cases it depends upon pregnancy having occurred in a uterus previously retroverted or retroflexed.

A few years ago I saw a case in consultation with Dr. Bigelow,

which resembled the one reported this evening. The patient was about four and a half months pregnant. She complained of great pain, and great tenderness over the abdomen; was unable to empty the bladder and rectum. There was quite a prominent tumor in the hypogastric region. I made a vaginal examination, and could not find the os uteri, but found a body which I supposed was the uterus, pressing low down and against the rectum. With great difficulty I introduced a catheter into the bladder, and removed a large amount of urine. I was then able to reach the cervix, which I found high up in the pelvis and pressing against the bladder. Placing the woman partly on her side, I was able to push the fundus uteri above the brim of the pelvis. The patient was delivered, about the ninth month of her pregnancy, and with the forceps. Another case, which had been treated by a physician in Brooklyn for retroflexion of uterus, and after the displacement had been rectified, a Thomas pessary introduced. When I saw the patient, she was about six months pregnant, and at the time thought that she had labor pains. I found the cervix uteri tender and firmly clasped by the two branches of the pessary. In attempting to remove it, I found two very deep grooves in the tissue of the cervix uteri. The irritation caused by the instrument soon subsided, and she was then comparatively well, and was delivered safely at the end of her pregnancy.

Dr. Van Derveer: For the purpose of obviating this indentation of the tissue of the uterus, I have modified Scattergood's pessary by enlarging the posterior bar to the thickness of about half an inch.

Dr. S. O. Vander Poel: As a rule, miscarriage occurs in the class of cases mentioned, although there is generally no difficulty in reducing the displacement. I have been aided in repositing by a large probe, well padded at its extremity, and which will reach into the rectum much further than a finger's length.

Dr. E. A. Bartlett: I have used faradization in several cases of retroversion of the uterus; as far as I have been able to learn, the relief has been permanent.

Dr. J. P. Boyd: We know that there are muscular fibres in the round ligaments, and it is probable that the electric current may directly influence these fibres.

Dr. F. C. Curtis: The most violent case of flooding I ever met with occurred in a miscarriage at the sixth week following retroversion, which was caused by stepping forcibly from a chair. Active stimulation was at once called for. The os was already dilated and the uterus emptied speedily and the hemorrhage controlled. It was not enlarged enough to make reduction difficult.

A CASE OF TYPHOID FEVER, WITH UNUSUAL COMPLICATIONS.

P. B. COLLIER, M. D., ALBANY.

Any contribution to the subject of typhoid fever cannot but be commonplace, unless some bold and startling theory, some new mode of treatment, or some unusual complication furnish the text and excuse the infliction. Fortunately for myself in offering this paper to you I can avail myself of the last of the reasons given, and, in portraying a case of unusual interest to myself, bring to your notice a rare complication or sequel.

On the 16th of February, 1874, I was called to see a gentleman, aged 57, unmarried, resident of western New York. His family history was brief: Father died of pneumonia about the age of 55; mother of some pulmonary difficulty or bronchial trouble; I could not learn satisfactorily which. I found him presenting the following symptoms: Headache, nervous prostration, twitching, temperature 103°, pulse 95, bowels inclined to be loose, tongue loaded, slight bronchial cough, with loss of appetite. He had been ill for about two weeks. My diagnosis was typhoid fever, and I ordered the patient to bed, and placed him on quinine and bromide of potassium, with liquid nutriment. I saw him daily, his case progressing favorably, except for a rather troublesome diarrhœa, until March 1, when there was defervescence of the fever, and for a few days convalescence seemed to be established. Suddenly, without apparent cause, there was a return of the fever, with all the indications of a relapse, which, indeed, did follow, lasting about twelve days. With the second attack there was high temperature, from 104° to 105°, lasting several days, without the usual morning remissions, and obstinate diarrhœa, subsultus, delirium, and picking at the bed clothes. He was now upon the most nutritious diet possible,—milk and beef tea, with stimulants freely. After the twelfth day of relapse, there was some fall in temperature, the thermometer recording an average morning and evening temperature of 102°, but not coming below this, and day after day there was no improvement or change. At this time Dr. P. V. S. Pruyn saw him in consultation, concurring in the diagnosis and treatment. About the forty-second day the bowels, which for a few days had been controlled, became suddenly loose, and, after three

feculent evacuations, there was a large and copious movement of clear blood. This hemorrhage continued, in spite of acetate of lead, opium, pernitrate of iron, and ergot, for five days, when it stopped, to be succeeded almost immediately by copious hematuria, lasting about ten days. Often the vessel would contain a quart of liquid, one-half of which, at least, would coagulate, so that the patient must have lost in the ten days during which it continued at least four quarts of blood. I do not doubt that by hemorrhage from the bowels and hematuria the patient up to this time had lost six or seven quarts of blood. His condition was appalling,—blanched and exsanguinated, he looked like a breathing corpse; pulse, soft, tremulous, and dicrotic, 120 to 140 per minute; stools involuntary, but indicating his desire to urinate. Quinine, stimulants, and nutriments were continued, and, after a fair trial of other astringents, I began with the muriated tincture of iron.

Just at this time, upon the fifty-fifth day of his illness, there was another sudden change. A passage of urine occurred, clear and limpid, without a trace of blood, and soon after a bronchial cough, which in a few hours became a constant hacking, appeared. Examination of the chest revealed exaggerated respiration anteriorly, while posteriorly only bronchial respiration was heard, entirely without the vesicular character, there being no dullness anteriorly, but marked posteriorly. Had I to contend with double pneumonia in a patient almost dead with typhoid fever, or was this hypostatic congestion or effusion? The temperature still remained at 103° to 104°, which increased the perplexity, and the second day after the cough began he commenced to expectorate a thin sanious liquid in large quantities, which soon became tinged with blood, and later amounted to a positive hemorrhage. At this time, also, he began to have nose bleed as often as five or six times in the twenty-four hours, and the epistaxis and hemoptysis began to follow each other, not with perfect regularity, but so nearly as to suggest alternation. There was now no hematuria or hemorrhage from the bowels, the tide seeming to have set in another direction; bowels and kidneys acting fairly. He dozed most of the time, but, when roused, seemed tolerably clear in his mind, but decidedly irritable. About one week after the hemoptysis and epistaxis appeared, I observed purpuric spots over the arms and legs, and in a few days these portions of the body were fairly livid; then blood

began to ooze from beneath the finger-nails, toe-nails, tarsal borders of eye-lids, lips, mouth, gums, and pharynx. Every hair over the body seemed planted in a bloody reservoir, and venesection was going on at every pore. At times a cold perspiration would appear upon the skin, and this, tinged with the oozing blood, gave the appearance of a bloody sweat. The putrifying blood about the mouth and pharynx emitted a horrid odor, which gargles of carbolic acid did not overcome. Now the temperature came down to about 100° A. M., 101° P. M., but cough continued, and physical examination showed that, while the left lung had nearly cleared up, the right had become more consolidated. During this time, he was on anti-scorbutic diet, and iron and quinine were continued; but the case seemed hopeless, and his friends desiring him to make a will, and fearing litigation, Dr. Pruyn saw him again with me, that we might decide upon the question of sanity. Dr. Pruyn came, and by our consent the will was made, the doctor also confirming my fatal prognosis. April 17, three days after, he had a violent fit of coughing, and expectorated a large quantity of pus and blood, and examination afterward revealed a cavity of considerable size in the right lung. I immediately placed him upon cod liver oil, continuing the iron, and for a few days he remained *in statu quo*. Still, from this time improvement was slowly traced. In about ten days all hemorrhage ceased, he began to gain in strength, and 100 days from the date of his attack he walked out, free from cough, respiration nearly normal, appetite good, and rapidly gaining in flesh. About the middle of June he left for his home. One year later I saw him, looking well and apparently as strong as ever in his life and showing no signs of his fearful grapple with disease.

THE MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

SESSIONS OF 1880–81.

Abstract of the Minutes of the Annual Meeting of October 11, 1881.

The annual meeting was held in Alumni Hall, Albany Medical College, on Tuesday afternoon, October 11, 1881. There were present A. Shiland, M. D., of West Troy, President, William Hailes, M. D., Vice-President, and a total of fifty-nine members.

Dr. Jno. Ben. Stonehouse presented the following report of the Committee on Registration:

By direction of the society, the committee prepared and published in The Medical Annals for February, 1881, a complete list of physicians registered at the office of the county clerk up to that date. This list contained 217 names; since then twenty-four have been added, making a total of 241 registered practitioners in the county of Albany. The following institutions and societies are claimed as granting the authority for practice in these cases: Albany Medical College, 124; College Physicians and Surgeons, New York, 18; College Physicians and Surgeons, Western District, 2; New York Medical College, 1; New York College and Hospital for Women, New York, 1; New York Homœopathic Medical College, 1; Bellevue Medical College, 1; Buffalo Medical College, 1; College Physicians and Surgeons, Syracuse, 1; Long Island Medical College and Hospital, 2; Free Medical College for Women, New York, 1; New York Eclectic College, 2; University of the City of New York, 8; Eclectic Medical College, New York, 5; Castleton Medical College, 8; University of Pennsylvania, 3; College Physicians and Surgeons, Baltimore, 1; Cincinnati Homœopathic College, 1; Detroit Homœopathic College, 1; Fairfield Medical College, 3; Women's Medical College, Pennsylvania, 1; Jefferson Medical College, 4; Cincinnati College Medicine and Surgery, 1; Hahnemann Medical College, Chicago, 1; University of Michigan, 1; University of North Carolina, 1; Laval University, Quebec, 1; Victoria College, Montreal, 1; Victoria University, Cobourg, Can., 1; McGill University, Montreal, 1; Bishop's College, Montreal, 1; Homœopathic College, Philadelphia, 2; Hahnemann Medical College, Philadelphia, 1; Boston University School of Medicine, 2; Eclectic Medical College, Philadelphia, 2; Atlanta Medical College, 1; Medical Department Georgetown College, 1; University of Prague, 1; Academy Ludowiciana Giessen, 1; College of Medicine, Strasburg, 1; Vienna University, 1; Queen's University, Dublin, 1; Albany, N. Y., Eclectic Society, 5; Eclectic Medical Society of New York, 2; Medical Society of Herkimer County, 1; Medical Society of Otsego County 1; Albany County Homœopathic Society, 1; Central New York Eclectic Medical Association, 1; Schenectady County Medical Society, 1; Columbia County Medical Society, 2; New York State Medical Society, 1; Regents of University of State New York, 1; Eclectic Society of Pennsylvania, 1; licensed at Amsterdam, The Hague, 1; to graduate in two years from Eclectic Medical College, New York, 1; registered in Essex County Clerk's office, 1; "diploma," 5. Your committee was also instructed to verify this list as to authority for practice claimed by these practitioners. This we have been unable to do, chiefly because we found the officers of most of the institutions and societies unwilling to aid us. We recommend that our successors should be instructed to verify this list, and authorized to expend the funds requisite

to accomplish that end, and that when they obtain evidence that persons have registered, making fraudulent claims as to diplomas or licenses held by them, such evidence shall be presented to the Board of Censors for their action. We would respectfully call the attention of this society to the following list of bogus medical colleges, which, while it is not perhaps a proper matter for this report, may be of service in the future in preventing persons from practicing upon the authority of their diplomas: The Physio-Eclectic Medical College, Physio-Medical College, American Eclectic College, American Vitopathic College, Cincinnati; American University of Medicine and Surgery, Philadelphia; Philadelphia University of Medicine and Surgery, St. Louis Homœopathic Medical College, St. Louis Eclectic Medical College, New England University of Medicine and Surgery, Manchester, N. H.; American College of Medicine, Philadelphia; American College of Medicine in Pennsylvania, Eclectic Medical College of Philadelphia, Philadelphia University of Medicine and Surgery, American University of Philadelphia, Livingstone University of America, Camden, N. J.; Electropathic Institute, Philadelphia.

JNO. BEN. STONEHOUSE,
LORENZO HALE,
T. K. PERRY.

The report was accepted.

Dr. T. D. Worden, Secretary of the Nominating Committee, reported the following ticket for the action of the society: For President, Dr. J. S. Mosher; for Vice-President, Dr. J. U. Haynes; for Secretary, Dr. T. Featherstonhaugh; for Treasurer, Dr. M. J. Lewi; for censors, Drs. S. B. Ward, Henry March, D. C. Case, W. N. Hays, A. T. Van Vranken; For Delegates to the American Medical Association, Drs. H. Bendell, D. V. O'Leary, T. P. Bailey, W. G. Tucker, L. B. Winne, S. R. Morrow, D. H. Cook, M. R. C. Peck, U. B. La Moure, P. B. Collier, Jesse Crounse, Mary DuBois, A. W. Kilbourne.

The report was accepted.

Dr. A. Van Derveer read the report of the Board of Censors, recommending that F. E. Classen, M. D., Howard Miller, M. D., and Howard S. Paine, M. D., all of the Albany Medical College, Laurentine Rouchel, M. D., of Buffalo Medical College, and Thomas G. Hyland, M. D., of Bellevue Medical College, be admitted to membership. Report accepted.

Dr. Van Derveer, of the committee on the celebration of the semi-centennial in the practice of Drs. Thomas Hun, J. B. Rossman, and C. Devol, reported the resignation of Dr. S. O. Vander Poel, Sr., from the committee. The committee asked that the President appoint a member to fill the vacancy in the committee, and that the further report be postponed to a succeeding semi-monthly meeting. The report was accepted, and Dr. J. W. Moore, of Cohoes, was added to the committee.

Dr. S. H. Freeman, chairman of the committee to procure

portraits of members, said that the living members were all requested to present to the society their own framed photographs or portraits, as well as to aid in securing portraits of deceased members.

Dr. P. B. Collier moved that the committee be continued, and that they set an example for the society by presenting their own photographs. Carried.

Dr. G. L. Ullman, Treasurer, reported: Balance in treasury October 12, 1880, $135.74; initiation fees and dues from members, $90; total, $165.36; balance at present on hand, $69.38.

On motion, Drs. H. March, S. H. Freeman, and T. P. Bailey were appointed a committee to examine the Treasurer's accounts.

The physicians recommended by the Board of Censors were then regularly admitted into membership.

Dr. F. C. Curtis moved that, in recognition of a similar courtesy to this Society by the society of New York County, that the Presidents of the New York County Medical Society shall be *ex-officio* members of the Medical Society of the County of Albany, and that this resolution be transmitted by the Secretary of this society to the Secretary of the New York County Society. The resolution was referred to the Board of Censors.

Dr. A. Shiland, President, then delivered the annual address.

The address was entitled "Psychological Notes." It was a dissertation on the mind and some of its operations, with allusion to some who have shown its highest development. At its conclusion, Dr. Freeman moved a vote of thanks to the President for his eloquent address, and that a copy be requested for publication, which was unanimously carried.

Dr. S. H. Freeman, from the committee to audit the Treasurer's accounts, reported that the Treasurer's statement was correct.

The Treasurer's report was then accepted.

The nominees for officers and delegates as recommended in the foregoing report of the Nominating Committee were unanimously elected.

Dr. Curtis moved that the Publishing Committee be authorized to print and distribute biographical sketches of deceased members. Carried.

Dr. Stonehouse moved that the incoming Committee on Registration be authorized to publish the revised list of members registered in Albany County. Carried.

Adjourned.

LORENZO HALE,
Secretary.

Gareski finds that out of 379 operations of Cæsarian section 308 infants were found dead, 37 showed some signs of life, 34 were fully alive, and of these last 5 lived for a long time afterwards.

THE

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PATHOLOGY OF PHTHISIS.

[Abridged from a paper read before the Columbia County Medical Society.]

BY S. O. VANDER POEL, M. D., ALBANY.

This subject is one upon which volumes have been written, but upon which more precise views would yet be desirable. If there was one malady the pathology of which for the past forty years was supposed to be settled, having received the sanction of all the great lights of the profession, it was that of pulmonary phthisis. Up to the time of Bayle, Louis, and Laennec, there was no definite theory of the morbid condition of the lung constituting consumption. Laennec developed the well-known theory that, owing to a depraved state of constitution, an exudation took place into the lung structure, which, in time, underwent certain changes of caseation, softening, and ulcerative destruction. For thirty years this remained the accepted pathology, and even yet the treatment is based on this pathology. Niemeyer, more prominently than any other writer, first threw doubt on this doctrine, when he declared that consumption is mainly due to inflammatory changes, the resulting exudation undergoing degenerative alterations. Subsequently, Virchow showed that the yellow caseation so resulting may be the product of the fatty degeneration of various morbid matters, and that much of what is called tubercle is of inflammatory origin, chiefly epithelial.

We must ask whether phthisis is an inflammation, and is that morbid material which is found in chronic ulcerative disease of

the lung identical with the product of acute inflammation? The divisions of pneumonia, following the German view, are into croupous and catarrhal. The ordinary symptoms of the first you are familiar with. Its results are a fibrinous exudation into the alveoli, which, after from eight to twenty days, undergoes rapid fatty changes and is absorbed, leaving the walls of the air cells unimpaired. But sometimes these pneumonias, however acute at first, do not clear up and resolve. At the end of the second month febrile symptoms reappear, there is slight sweating, and the patient begins to cough, and he does not recover flesh. The lung, though less solid, has not recovered clearness, or there may be patches of dullness and bronchial respiration. The air cells are still blocked and their walls thickened by adventitious formation. The terminal vessels become strangled by this new growth. These changes precede those of softening, in which all these structures are broken down and ulcerated. The case looks now very like phthisis.

Look now at a description of catarrhal pneumonia. We have catarrh of the minute bronchi, with its fine mucous rales, heard on expiration as well as inspiration; then signs of consolidation, beginning at the base and spreading rapidly upward and usually bilateral. There is an indefinite limitation of disease. The evidence of infiltration is often doubtful. Certain tracts of the lung are of diminished volume, or an increase of volume may occur, a collapse of a tract of lung or an infiltration causing an induration, deficiency of breath sounds accompanying the former and bronchial breathing the latter. There is proportional dyspnœa and lividity. The fever is not typical, being less than that of croupous pneumonia and greater than that of ordinary phthisis. The pathological results are sero-sanguineous exudation into the alveoli, desquamative epithelial products, which block the air cells, and, if the attack proceed long enough to cause infiltration, the walls of the cells are thickened. Later, caseous changes occur. Isolated nodules are found in the collapsed tracts, which often become confluent, so that an entire lobe may be invaded. The nodules degenerate and may form cavities. This is distinctly held to be a non-tubercular disease, tubercles developing, if at all, in the later stages. Laennec would have described it as tubercular, the cheesy masses being degeneration of gray tubercle. But there seems to be no doubt that these changes may occur and proceed to a fatal issue without a single tubercle being

developed, or, if found, as groups of them often are, being secondary, of recent formation and short-lived, perhaps not sharing in the softening degeneration affecting the indurations of the lung. Contrast this with chronic phthisis, a name applicable to several forms of disease, all characterized by increasing emaciation and gradual destruction of life.

Tubercle, then, is not an essential element; when found, it is a secondary, super-added result. It is a short-lived product, arising from inflammatory residua which have undergone degenerative caseation, and been conveyed into the system, to distant parts of the same lung, or to other organs by the blood vessels, lymphatics, or even by the air tubes. Tubercle probably lives but some weeks or months, but the lung changes formerly ascribed to tubercle may last for years. There can, then, be no such affection as chronic miliary tuberculosis.

What is the origin of the disease which furnishes the infecting source? Phthisis is a specific inflammation, the products of which undergo characteristic caseous changes, which is, indeed, only a necrosis of them, not being provided with vessels and its nutrition being cut off. Now, a catarrh of the minute bronchi will not in a healthy person originate a phthisis, but in a scrofulous person it will do so if neglected. Scrofula, then, is the key to the whole sequence of changes. In a scrofulous person inflammatory changes are slow; they cause permanent infiltrations of the cellular connective tissues of organs, which caseate and die; an exudation of large cells occurs, which swell up and undergo necrosis, and the detritus passes into the lymphatics, and is thus transported into the sub-epithelial connective tissue. The exudation is hard, dense, gray, and unprovided with blood vessels, so that necrotic changes soon begin, the surrounding tissues participating. Such indurations know of no recovery; they may degenerate and be removed, but they are never organized and absorbed.

But how does phthisis arise—how does scrofula become tubercle? If it be the result of an infection, a self-poisoning, the poison must have originated in some other part, for it is no longer pretended that the blood elaborates a septic material, to be deposited in the meshes of the lung tissue. Scrofulous disease of a mucous membrane or joint or lymphatic gland has furnished the detritus of a caseation, which, carried by the vessels into the lung, originated the destructive changes in question. The

theory, then, of a general disorder, reflecting itself in a local disease, is abandoned. Constitutional affection gives place to localization as a primary factor and originating cause. This recognition of the importance of structural change in all vital disorders furnishes a key to much that is valuable in prognosis and treatment. We can understand the experiments of Villemin, where the inoculation of tubercular matter produced tubercle of the lungs and the later fact that the inoculation of any septic material produced the same result. It was also found that the tubercle so formed is not identical with human tubercle. It is believed, then, that scrofulous persons are only self-infecting in the mode we have above described.

Now pass for a few moments from this brief resume of local conditions, which favor the production of chronic lung diseases, to the conditions which influence the progress and termination. The ultimate changes of the products of irritation, whether we call them inflammation or tubercle, largely influence this in every case. That which tends to speedy liquefaction is generally rapidly absorbed, as in acute pneumonia, while the product of caseation is incapable of absorption and is prone to disintegration. Degenerative changes leading to the formation of fibrous tissue tend to chronicity, and though they cannot be restored to the healthy state, they oppose active destruction. Without doubt the most important element in the chronicity of lung disease, is that change in the tissues which, by extension, blocks vessels, obliterates the cells and, united to a thickened and altered pleura, contracts the entire side of the chest. Such a lung usually has cavities and sometimes dilated bronchi. Its vitality is very low, for both its pulmonary and systemic circulation are diminished; the patient is breathless and livid. The cavities are firm, often shrunken, and there are commonly cicatrices in portions of the lung. The reflection of this state is found not in the phenomena of phthisis, but the patient lives with diminished breathing and lessened heat, and is wasted to a point beyond which he never rises. But as all active irritative processes have ceased, so the symptoms no longer exhibit irritative fever. Did time permit, it would be interesting to study the influence of hemoptisis and the secondary infections, which play an important part in the progress of chronic lung affections.

Let me, before concluding, point to some of the leading features of the more favorable conditions of chronic lung disease. First:

Well limited induration. The more a portion of a lung is indurated, shown by marked and defined dullness and other signs of consolidation, the better the prognosis. Second: The single cavity well limited and defined, the rest of the lung unaffected. Third: The existence of extensive fibroid alterations, with well marked characters. Among the general favorable conditions, the most important by far are absence of fever and waste. These two symptoms are, as we know, concurrent in almost every case. The fever being fed by morbific material, from the disintegration of caseous products, is a direct measure of local irritation, and the amount of local irritation may almost be said to be the measure of the patient's danger. The temperature curve, which is best, is one which, avoiding extreme fluctuation, gradually subsides to a low level and remains there, with slight diurnal variations. Loss of flesh is always an evil symptom. The absence of secondary complications, particularly diarrhœa, is favorable. With sound digestion your patient may weather many lung difficulties. To these favorable conditions may be added absence of hereditary taint, age past forty-five, the chest well shaped, an inherent disposition to resist a considerable amount of local disease. We should not be in haste to prophesy results from any given condition, such as condemning a case on account of cavity. In expressing a prognosis, while avoiding everything untruthful, let every encouragement be given; above all, never prophesy as to time.

In asking your attention to the recent views of the pathology of phthisis, and looking upon it in its local aspect, do not understand me as urging that what is called the constitution should be overlooked. There is no reason to fear that a healthy man, acquiring pneumonia, should fall into phthisis. Whether it is hereditary or acquired tendency to produce low rather than sthenic irritation in the lung, its fact is not to be ignored. The present and previous generation have, however, spent much time in theorizing over the abstraction which we call a diathesis, in order to account for such events as fever, wasting and secondary disorders arising from a malady, whose earliest and latest manifestations we find in the lung, and such labors have not advanced our practical treatment of the disease. Nor would I desire to convey the impression that there is no such disease as tubercular phthisis, all cases of what are called acute phthisis being undoubtedly of this nature. But I would urge that we should

regard all chronic lung indurations as primarily of inflammatory nature, that we should be more precise in our nomenclature, and draw more exactly the line of what pertains to constitutional, what to local conditions.

TWO CASES OF DIPHTHERIA.

O. D. BALL, M. D., ALBANY.

The two following cases of diphtheria were somewhat peculiar, the first in showing the overpowering effect of the morbific element upon the action of the heart, the second in the unusual situation of the initial lesion.

Case 1.—Willie S., aged 4 years, was taken sick on the 13th of January. No physician was called until the 18th, at which time he presented all the symptoms that go to make up a well-marked case of malignant diptheria. The membrane extended over both tonsils, posterior wall of the pharynx and into the posterior nares. The glands of the neck were swollen out even with the angle of the jaw on both sides. Pulse was 125; temperature not taken. Urine markedly albuminous, but not so heavily loaded as I bave seen in milder cases. The case made the usual progress expected where all the conditions point to an unfavorable termination, until the morning of the 22d, the 10th day of the disease, at which time the pulse was down to 56, the heart contracting feebly and its first sound lost. The little patient had had brandy in ordinary doses from the first; this was now increased to a tablespoonful every three hours. On the evening of the same day pulse was 50, but stronger.

Eleventh day. Morning, pulse 44; more feeble than the night before. Brandy was continued, and a like quantity given per rectum intermediately. Evening, pulse dropped to 28, but tolerably strong. I gave a hypodermic injection of brandy (about one drachm) without any apparent effect upon the heart's action.

Twelfth day. Morning, pulse still 28, quite strong. Gave another drachm of brandy, hypodermically, without any perceptible effect. The other treatment had been continued. Four hours later I administered another drachm of brandy hypodermically. Injection per rectum last given was not retained. Sphincters relaxed, and dissolution was evidently near at hand.

The pulse was lost at the wrist, and the heart contracting so feebly that it was impossible to find it with any certainty. Respiration stopped at 3 P. M. Our little patient had taken in about fifty hours over fifteen ounces of brandy, besides four hypodermic injections of a drachm or more of the same. He had also had quinine, iron, carbonate of ammonia, and a fair amount of nourishment. Notwithstanding that, there was a steady and constant decline in the heart's action, death evidently taking place from failure of the heart. A post-mortem was not allowed.

Case 2.—Ada S., aged 9 years, sister of the preceding case, was first seen in the evening of February 12. She had high fever and diptheritic patches on both tonsils, and also on posterior wall of pharynx; glands not involved. At my visit the succeeding morning, the mother informed me that the patient had complained for several days of pain and soreness in the genitals. Upon inspection, found both labia enormously swollen, and the interlabial space completely covered and filled up with diphtheritic membrane, but evidently not extending very deep into vagina. The glands of the groin were not infiltrated, nor was there other evidence of septic absorption. The patches of membrane in the throat were thrown off in three or four days, but those of the vagina were slow to separate, and when finally gotten rid of, left an unhealthy ulcerous surface that was very painful and slow to heal. Evidently in this case the first seat of infection was at the vaginal orifice, and was undoubtedly carried there through direct infection, either by bed clothing or some utensil of domestic economy, although great care had been taken in the preceding case to disinfect all the articles used about the little patient. Three other children in the same family escaped the disease.

PSYCHOLOGICAL NOTES.

ANNUAL ADDRESS BY THE PRESIDENT OF THE ALBANY COUNTY MEDICAL SOCIETY, A. SHILAND, M. D., WEST TROY.

The subject of this address may serve as a suitable theme for the few random thoughts I present on this occasion, the closing cycle of another year in our history. We are accustomed to deal with material subjects which are not always pleasant to contemplate. During the year we have been sufficiently occupied with subjects associated in our minds with the scalpel, the morbid

specimen, the lifeless body, and all that pertains to disease or the alleviation of human suffering. Our two-fold being affords other thoughts and a more attractive field for a brief address, which custom demands of me at this time. We are not confined in our studies to one branch of knowledge. The highest culture of the mind is the great object of life. It has been observed that professions and pursuits lead to habits peculiar to such pursuits, and in order to cultivate the mind to the extent of its capacity we should engage in the various occupations which science and literature afford. No exercise of the mind can be more advantageous than the study of its own operations and manifestations in the varied phases of human life. A general acquaintance with letters and the fine arts, is essential to the physician who would attain eminence in his own especial calling.

Psychology, the science of the soul, or spiritual principle in man, includes a knowledge of the laws of intellectual operations and the nature and phenomena of mind as associated with body, and its relations to the universe. The various branches of the fine arts, such as sculpture, painting and poetry, are derived from a study of these phenomena and manifestations. In sculpture and painting the artist makes prominent the features which express the passions or emotions which he studies to represent. In poetry, the higher art of sublime and eloquent language portrays the working of the mind.

Psychology is equivalent to the word metaphysics, and may be regarded as nearly synonymous in meaning. This is a subject of profound interest to us, as we must constantly consider the relations between the physical and metaphysical. These are so closely allied that some distinguished authors teach the identity of mind and matter. They say mind is the result of organized matter, and can have no independent existence. Darwin defines thought "a contraction, a motion or configuration of the fibers which constitute the organs of sense." Hume speaks of mind as "that little agitation of the brain which we call thought." Many theories which appear as original contributions of modern authors were taught in the systems of ancient philosophy. Darwin says, "Most of our emotions are so closely allied with their expression that they hardly exist if the body remains passive." In Cicero de Oratore we read, "*Omnis enim motus animi, suum quendem a natura habet vultum et sonum et gestum*"—"For every emotion of the mind, by nature has its own countenance, sound and gesture." Socrates, Aristotle and Plato are the most distinguished among the ancients whose metaphysical writings have been handed down to us. Modern authors have contributed little that is new in this department of science.

The primary principle or element of mind as well as matter will ever remain a mystery. We cannot explain how mind and matter are united, but we can observe the phenomena and the laws which govern that union. We know that all mental operations are attended with corresponding changes which are mani-

fest, and the brain and nerves serve as the media of such mental operations. Sensation, emotion and passion and the various operations of the mind are attended with evident changes in the cerebral tissues, and their ultimate operations are still more evident in the features, where we are accustomed to interpret such emotions and passions. Whatever affects the mind affects the body, and the external expression is peculiar to the emotion. We instinctively read the language. From early life our attention is directed to the laws and qualities of matter, and it is more difficult to give attention to the operations of the mind.

We are familiar with the laws of the material world, but we cannot apply these laws to mental operations. Intellectual phenomena cannot be explained by analogy to the material world. The qualities and attributes of the mind, and the laws which regulate its operations in its varied manifestations, are distinct and widely different subjects of study from what pertains to physics. I can only give a brief outline of this subject, which embraces the fundamental principles of education. Instead of regarding the mind as an assemblage of faculties, as authors have done, it will serve my purpose to consider the mind as a unit, having power of action and capacity for receiving impressions. This power in action is called thought and volition, and its capacity of receiving impressions is termed sensation. Passion, emotion and sentiment are the effect of such sensations, and are conditions of mind produced by such impressions. The power the mind possesses of reviewing its own creations and acquisitions we term memory.

The importance of this subject is apparent when we consider how memory, upon which all our knowledge depends, is strengthened by exercise and a proper observance of the laws of association of ideas and generalization. The same remark applies to the culture and improvement of the mind through the whole range of its powers and capacities. We interpret the operations of the mind in the changing features which so faithfully represent the emotions and passions. We are accustomed to read character according to the principles of physiognomy, and the ruling passions are indelibly stamped on the human face.

The most eminent sculptors and painters of ancient or modern times were thoroughly versed in psychology and its laws relating to physiognomy. The classic models of Phidias, in the age of Pericles, still excite the wonder and admiration of the world. Michael Angelo and Raphael will ever be remembered for their exalted genius. Their sublime works have the stamp and impress of divinity as well as humanity.

The writings of the poet and dramatist more especially interest us in psychological studies. From the earliest ages the drama has afforded the greatest interest to mankind. This interest has increased wherever intellectual culture has advanced. The literature of Greece and Rome illustrates this, and the names of their eminent authors will be as enduring as the vast temples

raised in honor of their heroes and divinities. We are indebted to Æschylus for the foundation of the drama. Euripides and Sophocles were no less famous as tragic poets. They excelled in delineating character and the working of human passion. These authors have been held in the highest estimation, and their works remain to-day as standard text-books in our highest institutions of learning.

Shakespeare is supreme in this department of knowledge. His mighty intellect instinctively comprehended the workings of the mind in all its conditions as affected by emotion and passion. He treats of every phase of life and character and every condition of humanity. His works afford the broadest field for study and literary culture. His beautiful lines delight and make us familiar with the operations of the mind, in its sane and insane workings, as manifested in the varid characters of the human race. Diversity of mind he brings before us in real living actors. Every character he portrays has its own distinguishing features. I will only advert to his description of extreme passions and emotions and his delineation of the various stages of mental alienation. King Lear is a beautiful illustration of his transcendent powers, and he portrays with masterly skill his madness and its causes in its incipient stages, in its full development, with reason dethroned, and in the final ravings of dementia. When threatened with madness and conscious of its approach and unable to endure the horror of his thought, he makes him say:

> "Better I were distract;
> So should my thoughts be severed from my griefs
> And woes, by wrong imaginations, lose
> The knowledge of themselves."

In the character of Hamlet we see the peculiar and transcendent genius of Shakespeare. Byron and other poets might be mentioned, whose writings describe whatever is beautiful and sublime in nature, and portray the human soul as affected with infinite sympathies, emotions and sentiments; but the writings of Shakespeare most happily illustrate this subject, and I will take the liberty of quoting some of his lines portraying peculiar traits of human character:

> "Lovers and madmen have such seething brains,
> Such shaping fantasies, that apprehend
> More than cool reason ever comprehends.
> The lunatic, the lover and the poet
> Are of imagination all compact;
> One sees more devils than vast hell can hold;
> That is the madman; the lover, all as frantic,
> Sees Helen's beauty in a brow of Egypt;
> The poet's eye in a fine frenzy rolling
> Doth glance from heaven to earth, from earth to heaven,
> And as imagination bodies forth
> The forms of things unknown to poet's pen,
> Turns them to shape, and give to airy nothing
> A habitation and a name."

When we contemplate our mortality and the vague uncertainties or the spirit world, we are reminded of the lines of the poet:

> "We are such stuff as dreams are made of
> And our little life is rounded with a sleep."

The vivid impression of dreams affect our minds as powerfully as the realities of our waking moments. We look back over the past as all a dream. The present only, is really with us. The past is only in memory. The present reality is passing into memory. The work of to-day will be only memory to-morrow.

CENTRAL NEW YORK MEDICAL ASSOCIATION.

REPORTED BY J. N. ARNOLD, M. D., SECRETARY.

The fourteenth semi-annual meeting of the Central Medical Association of the State of New York, was held in Syracuse, November 15, 1881, the president, Dr. Caleb Green, of Homer, in the chair. The secretary, Dr. J. N. Arnold, of Clyde, submitted the minutes of last meeting, May 17.

Various committees were named, as follows: Business—Drs. M. D. Benedict, Syracuse, W. H. Briggs, Newark, H. Wiggins, Elbridge. Credentials—Drs. J. C. B. Wallace, Baldwinsville, J. D. Potter, Delphi, E. B. Phillips, Syracuse. Reception—Drs. W. S. Ely, Rochester, J. Nims, Manlius, W. W. Porter, Syracuse.

The first paper, on "Mobility of the Stomach," was read by Dr. W. S. Ely, of Rochester. The doctor spoke of the difficulties in diagnosticating diseases of the viscera below the diaphragm and cited three cases.

The next paper was by Dr. Creveling, of Auburn, entitled "Laryngeal Phthisis," with drawings of the larynx made and artistically colored by himself. He advanced the opinion that laryngeal phthisis may be present without consumption existing elsewhere.

The Reception Committee invited Dr. C. C. Harvey, of Dundee, Yates county, and Dr. W. S. Cheeseman, of Auburn, to participate in the meeting. The committee on Credentials reported as delegates Drs. Smith, of Geneseo, Wm. R. Leird, Cayuga, J. M. Jenkins, Cayuga, M. E. Jenkins, Cayuga.

Dr. Ely exhibited a hypodermic syringe revised and modified by himself. The needle is enclosed in the piston and the barrel has a close-fitting cap, which prevents the possible entrance of air or dust. The syringe is about as large as a lead pencil.

The Reception Committee, afternoon session, invited Dr. A. W. Brown, of Mottville, and Dr. A. C. Benedict, Syracuse, to take part in the discussion.

Dr. Van De Walker, of Syracuse, read his article, which he delivered recently before the American Gynecological Society,

on "The Forcible Elongation of Pelvic Adhesions," and exhibited plates descriptive of the condition of the pelvic organs before and after stretching.

Dr. Ely suggested the value of the Eastman dry plate photographing apparatus. The cameras are small, the apparatus is very complete and no knowledge of photographing art is necessary to produce a perfect negative. No moisture or chemicals are required. The apparatus is inexpensive—costing between five and ten dollars. It is useful to a surgeon desiring to preserve plates or pictures of cases for future reference. Dr. Ely also called attention to the training school for nurses in connection with the Rochester CityHospital. Qualifications necessary to enter are a good common education, the person to be single, between the ages of twenty and thirty-five, in perfect health, and unexceptionable moral character.

By appointment Dr. U. H. Brown reported a case of Symblepharon, the result of a burn by red hot iron. The first operation was performed in September, and was one originated by Teale, modified by Knapp. It was unsuccessful, the bands after removal again forming. The second operation consisted essentially in removing the cicatrices from the eye-ball, and so loosening the lid, cutting away the adjoining conjunctiva, and substituting a piece equal in size to that destroyed, from the conjunctiva of a rabbit. This was stitched into the wound made, keeping the surfaces separated and a radical cure is the result. The operation has never before been successfully performed here. The piece of rabbit conjunctiva is now coursed with blood vessels, and is sensitive to touch as the rest of the eye. This operation was first performed by Dr. Wolfe, of Glasgow, six years ago.

Some interesting data were offered by the president, concerning the infrequency of dislocation of the hip joint ; he had never seen but one case. Dr. M. D. Benedict, in forty-five years in civil and army practice, had seen but one. Dr. Alfred Mercer had seen five. Dr. Hyde several ; Dr. Hunt one.

Dr. Mercer exhibited a specimen of impacted fracture of the neck of the femur.

Dr. Hyde presented a case of oblique inguinal hernia with complications.

The association adjourned to meet in Rochester May 17, 1882. Dr. Allen H. Still representing Parke, Davis & Co., occupied an adjoining room, where he exhibited many elegant pharmaceutical preparations.

NOTES AND COMMENTS.

Rattlesnake Poison.—Dr. Lacerda Filho has published the results of his experiments on the poison of the rattlesnake (*crotalus horridus*) in the Archivos da Museu Nacional do Rio de Janeiro III–I. This poison acts upon the blood by destroying

the red blood corpuscles. and by changing the physical and chemical quality of the plasma. The poison contains some mobile bodies similar to the micrococus of purtrefaction. The blood of an animal killed by the snake bite, when innoculated to another animal of the same size and species, causes its death within a few hours, with the same symptoms and the same changes of the blood. The poison can be dried and preserved for a long time without losing its specific quality. Alcohol is the best antidote to the poison of *Crotulus horridus* known until now.

M. Perkins, M. D.

Boracic Acid, in a one per cent. solution, is spoken of by Dr. H. Bendell, of Albany, as of marked value in the management of ophthalmia neonatorum. The affection is one which the profession generally cannot have too strongly enforced upon them as requiring immediate attention, their responsibility in this not always receiving the consideration that it ought. It is hoped that Dr. Bendell will report in detail upon the action of this remedial agent.

Eye Cups.—From time to time attention is called, by high authority in the journals, to this dangerous instrument, which is advertised to cure presbyopia by drawing out the eye, after the principle of the cupping glass on which it acts. The necessity for doing so continues, for its advertisement is still seen. So long ago as 1873 the late Dr. C. A. Robertson, of this city, read a paper before the County Society, showing the failure of the principle of the instrument to benefit the sight and the reasons why it is dangerous, and he pointed his argument by the narration of a case of intra-ocular hemorrhage following their use. Vision returned after a time, a result not always attained.

EDITORIAL NOTES.

—The November number of the *Buffalo Medical Journal* is devoted largely to the late Dr. James P. White, who filled so considerable a place in the profession of that city and, indeed, of the country. In addition to a biographical sketch, two articles are reprinted written by him years ago, on "Chronic Inversion of the Uterus," with which his name has renowned association, and on "Obstetrical Forceps." A portrait accompanies, which, while not the face with which we are familiar here at the State Society, yet is recognizable as belonging to the earlier manhood of this illustrious physician.

—The profession of Albany follows with its good wishes Dr. Vander Poel in his removal to New York city. His ten year's occupancy of the office of Health Officer of the Port of New York has taken him away from active professional work here,

but his counsel has been frequently had and prized. In the Medical College, where he has filled the chair of practice, his loss is also felt. Although he has secured an extended fame and a competency by a good number of years' work and responsibility, it is easy to appreciate his desire to not lead an inactive life, now in his prime of usefulness, and without doubt he will find work enough to do where he has many friends and where he possibly feels as much at home as here.

—The semi-centennial in the practice of Medicine of Drs. Hun, Devol an Rossman, will be celebrated, as the committee having charge of it have agreed, by an entertainment at the Delavan House. It will be held sometime in the early part of next month, probably on the 11th, taking the place of the regular meeting which would fall on that evening. It is eight years since a similar celebration was held, in the old Congress Hall, Drs. Fredenburgh and P. P. Staats being then the recipients.

—That our criticism of Dr. Stillman's pamphlet in our October number may not be interpreted unjustly to it, we wish to emphasize the fact therein stated, referred to in the preface and reasserted in a recent communication from the author, that it was published for non-professional use, in which connection we said what alone might seem disparaging,— that it comes short of being entitled to scientific consideration. Physicians can find much collected in it to make it worth perusal.

—Dr. Gideon H. Armsby, of Albany, died November 20, 1881, at Jersey City. As the son of the illustrious James H. Armsby, M. D., he had every facility for perfecting himself in his general and medical education, and availed himself well of his opportunities. He graduated at the Albany Medical College in 1864, and until the death of his father practiced with him, subsequently continuing to do so in the same office. His practice has been extensive. He was a kindly, courteous gentleman, and his loss is sincerely mourned by his professional associates. He died at about the age of 39.

—Dr. William B. Sims, who died October 18th, was at one time a member of the Albany County Medical Society. He spent but a part of his life in professional work, having engaged more in school-teaching and in mercantile pursuits. He graduated at the Albany Medical College in 1850, and the year following joined this society.

COLLEGE AND ALUMNI NOTES.

A larger number of students have matriculated so far this year than in any previous year.

The following addresses among others have been added to the Alumni Association list: Dr. O. H. Young, '59, Constantine, Mich.; Dr. T. O. Reynolds, '66, Kingston, N. H. Dr. Young will be remembered as a former practitioner in this city.

Drs. I. De Zouche, '69, Gloversville, N. Y.; D. C. Case, '70, Slingerlands, N. Y., and W. W. MacGregor, '73, Glens Falls, N. Y., were in town Dec. 7th, in attendance at the meeting of the Executive Committee. We were also pleased to meet Dr. Robt. Thomson, '71, of Troy, N. Y.

Our readers have probably already noticed that several changes have taken place in the faculty of the College. Prof. Vander Poel becomes Emeritus Professor of Practice of Medicine. Prof. Mosher takes the chair of Pathology, Practical and Clinical Medicine, retaining Hygiene from his former chair. Prof. Bigelow, in addition to his former subjects, takes Clinical Laryngoscopy and Diseases of the throat. Medical Jurisprudence is taken by Prof. Tucker.

BOOK NOTICES.

ANATOMICAL STUDIES UPON BRAINS OF CRIMINALS. A contributionsto Anthropology, Medicine, Jurisprudence, Psychology. By Moritz Benedikt, Professor at Vienna. Translated by E. P. Fowler, M. D. Wm. Wood & Co., publishers.

It would be useless for us to attempt, in the space at our disposal, anything like a fair review of this work. Every one is interested in the study of crime and criminals, and a contribution to this subject, free from the misplaced sentimentality and doubtful psychology so unfortunately common in this department of literature, will be welcomed by all students. Prof. Benedikt illustrates his position that "the cerebral constitution of criminals exhibits mainly, deficiency—deficient gyrus development—and a consequent excess of fissures, which obviously are fundamental defects," by numerous cases and engravings. If our readers have no other reason for studying this book, a careful perusal of it will aid them in obtaining correct ideas of the normal type of cerebral structure. J. B. S.

WINTER AND ITS DANGERS. By H. Osgood, M. D. Presley Blakiston, publisher.

This is one of the American health primers, and is written as all have been, by one of known ability, Dr. Osgood being one of the editorial staff of the *Boston Medical and Surgical Journal.* Its title suggests to every physician its possible range and scope, and we do not see how the primer's space could be more instructively filled. It has been a sincere pleasure to

find it filled with such common-sense advice, on winter dress, ignorance in bathing, pulmonary food, school life in winter. These and like subjects can be treated in a hackneyed way or conscientiously ; here there is nothing hackneyed. We all know how much of the life of the physician is spent in preaching common sense to people on these very things, and what a world of error the densest, false theory got who knows how, and superstition begotten, it must be, of the devil, he has to combat. The people are not careless of health ; they rather worship the goddess abjectly ; but their fetichism is so blind, they kill themselves before her. To save yourself a vast deal of talk, wearisome from repetition, prescribe this little primer. In the paper covers it is accessible to every one. F. C. C.

Walsh's Physicians' Handy Ledger. Published by Ralph Walsh, M. D., Washington, D. C.

After looking this ledger through carefully, we are impressed favorably with it. Every one has his preference and ways. Some carry their accounts in their heads and guess at the bills; others, and they are as little to be commended, have a most cumbersome system, making a constant work of supererrogation to post up their books. To these and to the young physician who has not yet begun to put on permanent record his work financially we wish, out of considerable observation, to give the advice to get one of the handy methods of ledger-posting and adopt it. Walsh's ledger can be fairly recommended. The names are quickly accessible, and the work as well as the charges are seen at a glance. The only objection is that a page is taken by each name for one year, whether few or many entries are to be made. This will not be a disadvantage to many. F. C. C.

The Use of Hot Water in the Local Treatment of Diseases of the Eye. By Leartus Connor, A. M., M. D., of Detroit, Michigan.

The use of hot water in eye diseases follows the same general laws that govern its application in gynaecology and general surgery. The writer in his pamphlet states that there are few eye diseases in which it is not desirable to allay congestion in some part of the organ, and that he knows of no other local remedy that will accomplish this so safely, so surely, and so speedily as hot water. Chronic hyperaemia, simple conjunctivitis, all forms of blepharitis, granular lids, corneal diseases and iritis are among the diseases mentioned in which the beneficial effects of hot water are most manifest, as seen in the rapid disappearance of pain, swelling, and redness. The method of application is to douch the eyes from three to five minutes several times a day, with the water as hot as the patient's hand can comfortably bear. It is not claimed to be a "cure-all" remedy but a most valuable adjuvant to increase the effect of other remedies and in some cases to be all the medication required. G. S. M.

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